

Call to Order / Roll Call

BOARD ROSTER

FEBRUARY 15, 2019

PAUL SILVEIRA, DMD – BOARD PRESIDENT

GAIL WALDEN, RDH, BSDH, BOARD SECRETARY

DAVID NEILSON, DDS

PAULA ROSS, RDH

THOMAS KOVALESKI, DDS

STEVEN SCHELLER, DDS

KELLY LUCAS, DDS

DOMINIC WENZELL, DDS

ROBIN WAHTO, PUBLIC MEMBER

STATE OF ALASKA 2019

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

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

 Holiday
 Payday



State calendar maintained by the
 Division of Finance,
 Department of Administration
<http://doa.alaska.gov/calendars.html>
 Revised 08/28/2018

STATE CALENDAR

JANUARY

S	M	T	W	R	F	S
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FEBRUARY

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DECEMBER

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Centralized Licensing Statutes

January 2019



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

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**CHAPTER 01.
CENTRALIZED LICENSING.**

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Sec. 08.01.010. Applicability of chapter. This chapter applies to the

- (1) Board of Public Accountancy (AS 08.04.010);
- (2) regulation of acupuncturists under AS 08.06;
- (3) State Board of Registration for Architects, Engineers, and Land Surveyors (AS 08.48.011);
- (4) Athletic Commission (AS 05.05 and AS 05.10);
- (5) regulation of athletic trainers under AS 08.07;
- (6) regulation of audiologists and speech-language pathologists under AS 08.11;
- (7) Board of Barbers and Hairdressers (AS 08.13.010);
- (8) regulation of behavior analysts under AS 08.15;
- (9) Big Game Commercial Services Board (AS 08.54.591);
- (10) regulation of business licenses under AS 43.70;
- (11) Board of Chiropractic Examiners (AS 08.20.010);
- (12) regulation of collection agencies under AS 08.24;
- (13) regulation of concert promoters under AS 08.92;
- (14) regulation of construction contractors and home inspectors under AS 08.18;
- (15) Board of Dental Examiners (AS 08.36.010);
- (16) regulation of dietitians and nutritionists under AS 08.38;
- (17) Board of Certified Direct-Entry Midwives (AS 08.65.010);
- (18) regulation of dispensing opticians under AS 08.71;
- (19) regulation of electrical and mechanical administrators under AS 08.40;
- (20) regulation of agencies that perform euthanasia services under AS 08.02.050;
- (21) regulation of professional geologists under AS 08.02.011;
- (22) regulation of private professional guardians and private professional conservators (AS 08.26);
- (23) regulation of hearing aid dealers under AS 08.55;
- (24) Board of Marine Pilots (AS 08.62.010);
- (25) Board of Marital and Family Therapy (AS 08.63.010);
- (26) Board of Massage Therapists (AS 08.61.010);
- (27) State Medical Board (AS 08.64.010);
- (28) regulation of morticians under AS 08.42;
- (29) regulation of the practice of naturopathy under AS 08.45;
- (30) Board of Nursing (AS 08.68.010);
- (31) regulation of nursing home administrators under AS 08.70;
- (32) Board of Examiners in Optometry (AS 08.72.010);
- (33) regulation of pawnbrokers (AS 08.76.100 – 08.76.590);

- (34) Board of Pharmacy (AS 08.80.010);
- (35) State Physical Therapy and Occupational Therapy Board (AS 08.84.010);
- (36) Board of Professional Counselors (AS 08.29.010);
- (37) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010);
- (38) Real Estate Commission (AS 08.88.011);
- (39) Board of Certified Real Estate Appraisers (AS 08.87.010);
- (40) Board of Social Work Examiners (AS 08.95.010);
- (41) Board of Veterinary Examiners (AS 08.98.010).

Sec. 08.01.020. Board organization. Board members are appointed by the governor and serve at the pleasure of the governor. Unless otherwise provided, the governor may designate the chair of a board, and all other officers shall be elected by the board members. Unless otherwise provided, officers of a board are the chair and the secretary. A board may provide by regulation that three or more unexcused absences from meetings are cause for removal.

Sec. 08.01.025. Public members. A public member of a board may not

- (1) be engaged in the occupation that the board regulates;
- (2) be associated by legal contract with a member of the occupation that the board regulates except as a consumer of the services provided by a practitioner of the occupation; or
- (3) have a direct financial interest in the occupation that the board regulates.

Sec. 08.01.030. Quorum. A majority of the membership of a board constitutes a quorum unless otherwise provided.

Sec. 08.01.035. Appointments and terms. Members of boards subject to this chapter are appointed for staggered terms of four years. Except as provided in AS 39.05.080(4), a member of a board serves until a successor is appointed. Except as provided in AS 39.05.080(4), an appointment to fill a vacancy on a board is for the remainder of the unexpired term. A member who has served all or part of two successive terms on a board may not be reappointed to that board unless four years have elapsed since the person has last served on the board.

Sec. 08.01.040. Transportation and per diem. A board member is entitled to transportation expenses and per diem as set out in AS 39.20.180.

Sec. 08.01.050. Administrative duties of department. (a) The department shall perform the following administrative and budgetary services when appropriate:

- (1) collect and record fees;
- (2) maintain records and files;
- (3) issue and receive application forms;
- (4) notify applicants of acceptance or rejection as determined by the board or, for occupations or activities listed in AS 08.01.010 that are regulated directly by the department, as determined by the department under applicable law;
- (5) designate dates examinations are to be held and notify applicants;
- (6) publish notice of examinations and proceedings;
- (7) arrange space for holding examinations and proceedings;
- (8) notify applicants of results of examinations;
- (9) issue licenses or temporary licenses as authorized by the board or, for occupations or activities listed in AS 08.01.010 that are regulated directly by the department, as authorized by the department under applicable law;
- (10) issue duplicate licenses upon submission of a written request by the licensee attesting to loss of or the failure to receive the original and payment by the licensee of a fee established by regulation adopted by the department;
- (11) notify licensees of renewal dates at least 30 days before the expiration date of their licenses;
- (12) compile and maintain a current register of licensees;
- (13) answer routine inquiries;
- (14) maintain files relating to individual licensees;
- (15) arrange for printing and advertising;
- (16) purchase supplies;
- (17) employ additional help when needed;
- (18) perform other services that may be requested by the board;
- (19) provide inspection, enforcement, and investigative services to the boards and for the occupations listed in AS 08.01.010 regarding all licenses issued by or through the department;
- (20) retain and safeguard the official seal of a board and prepare, sign, and affix a board seal, as appropriate, for licenses approved by a board;
- (21) issue business licenses under AS 43.70.

(b) The form and content of a license, authorized by a board listed in AS 08.01.010, including any document evidencing renewal of a license, shall be determined by the department after consultation with and consideration of the views of the board concerned.

(c) *[Repealed, Sec. 49 ch 94 SLA 1987.]*

(d) At the request of one of the following boards, the department may contract with public agencies and private professional organizations to provide assistance and treatment to persons licensed by the board who abuse alcohol, other drugs, or other substances:

- (1) Board of Social Work Examiners;
- (2) Board of Dental Examiners;
- (3) Board of Marital and Family Therapy;
- (4) State Medical Board;
- (5) Board of Nursing;
- (6) Board of Examiners in Optometry;
- (7) Board of Pharmacy;
- (8) State Physical Therapy and Occupational Therapy Board;
- (9) Board of Professional Counselors;
- (10) Board of Psychologist and Psychological Associate Examiners; and
- (11) Board of Veterinary Examiners.

Sec. 08.01.060. Application for license. (a) All applications for examination or licensing to engage in the business or profession covered by this chapter shall be made in writing to the department.

(b) If the applicant is a natural person, the application must require that the applicant submit the applicant's social security number to the department. Notwithstanding any other provision of this title, a license to engage in a profession may not be issued by the department to a natural person unless the social security number has been provided to the department.

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.

Sec. 08.01.063. Military courtesy licenses. (a) Except as provided in (d) of this section, and notwithstanding another provision of law, the department or appropriate board may issue a temporary courtesy license to the spouse of an active duty member of the armed forces of the United States if the spouse applies to the department or appropriate board in the manner prescribed by the department or appropriate board. An application must include evidence satisfactory to the department or appropriate board that the applicant

(1) is married to and living with a member of the armed forces of the United States who is on active duty and assigned to a duty station in this state under official active duty military orders;

(2) holds a current license or certificate in another state, district, or territory of the United States with requirements that the department or appropriate board determines are equivalent to those established under this title for that occupation;

(3) if required by the department or appropriate board for obtaining a license in the applicant's profession, has been fingerprinted and has provided the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the fingerprints and fees shall be forwarded to the Department of Public Safety to obtain a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400;

(4) has not committed an act in any jurisdiction that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice that occupation under this title at the time the act was committed;

(5) has not been disciplined by a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing or credentialing entity in another jurisdiction; and

(6) pays any fees required under this title.

(b) The department or appropriate board shall expedite the procedure for issuance of a license under (a) of this section.

(c) A temporary courtesy license issued under this section is valid for 180 days and may be extended at the discretion of the department or appropriate board for one additional 180-day period, on application of the holder of the temporary courtesy license.

(d) This section does not apply to the practice of law or the regulation of attorneys under AS 08.08.

Sec. 08.01.064. Military education, training, and service credit; temporary license. (a) Notwithstanding another provision of law, the department or applicable board shall accept military education, training, and service for some or all of the qualifications otherwise required of an applicant for a license or certificate issued under this chapter if

(1) the department or applicable board determines that the military education, training, and service is substantially equivalent to some or all of the qualifications otherwise required of an applicant for a license or certificate issued under this chapter; and

(2) the applicant provides satisfactory evidence of successful completion of the education, training, or service as a member of the armed forces of the United States, the United States Reserves, the National Guard of any state, the Military Reserves of any state, or the Naval Militia of any state.

(b) If the department issues temporary licenses or certificates as authorized by the department or applicable board under AS 08.01.050(a)(9), the department or applicable board shall issue a temporary license or certificate to a person who

(1) applies to the department or applicable board in a manner prescribed by the department or board;

(2) meets the requirements in AS 08.01.063(a)(3) - (6); and

(3) while in the armed forces of the United States or any state, as described in (a) of this section,

(A) held a current license or certificate in another state, district, or territory of the United States, practiced in the area of the license or certificate, and maintained the license or certificate in active status before and at the time of application for a license or certificate under this subsection; or

(B) was awarded a degree, diploma, or certificate by a branch of the armed forces of the United States or any state, as described in (a) of this section, that met standards for an equivalent license or a certificate of technical training.

(c) The department or applicable board shall expedite the procedure for issuance of a license or certificate under (b) of this section for an applicant who is on active duty.

(d) A license or certificate issued under (b) of this section is valid for 180 days and may be extended at the discretion of the department or applicable board for one additional 180-day period if the holder of the license or certificate applies for an extension on a form approved by the department or applicable board.

(e) The department or applicable board may adopt regulations necessary to implement this section.

Sec. 08.01.065. Establishment of fees. (a) Except for business licenses, the department shall adopt regulations that establish the amount and manner of payment of application fees, examination fees, license fees, registration fees, permit fees, investigation fees, and all other fees as appropriate for the occupations covered by this chapter.

(b) *[Repealed, Sec. 4 ch 34 SLA 1992.]*

(c) Except as provided in (f) – (j) of this section, the department shall establish fee levels under (a) of this section so that the total amount of fees collected for an occupation approximately equals the actual regulatory costs for the occupation. The department shall annually review each fee level to determine whether the regulatory costs of each occupation are approximately equal to fee collections related to that occupation. If the review indicates that an occupation's fee collections and regulatory costs are not approximately equal, the department shall calculate fee adjustments and adopt regulations under (a) of this section to implement the adjustments. In January of each year, the department shall report on all fee levels and revisions for the previous year under this subsection to the office of management and budget. If a board regulates an occupation covered by this chapter, the department shall consider the board's recommendations concerning the occupation's fee levels and regulatory costs before revising fee schedules to comply with this subsection. In this subsection, "regulatory costs" means costs of the department that are attributable to regulation of an occupation plus

(1) all expenses of the board that regulates the occupation if the board regulates only one occupation;

(2) the expenses of a board that are attributable to the occupation if the board regulates more than one occupation.

(d) The license fee for a business license is set by AS 43.70.030(a). The department shall adopt regulations that establish the manner of payment of the license fee.

(e) *[Repealed, Sec. 28 ch 90 SLA 1991.]*

(f) Notwithstanding (c) of this section, the department shall establish fee levels under (a) of this section so that the total amount of fees collected by the State Board of Registration for Architects, Engineers, and Land Surveyors approximately equals the total regulatory costs of the department and the board for all occupations regulated by the board. The department shall set the fee levels for the issuance and renewal of a certificate of registration issued under AS 08.48.211 so that the fee levels are the same for all occupations regulated by the board.

(g) Notwithstanding (c) of this section, the department shall establish fee levels under (a) of this section so that the total amount of fees collected by the department for all occupations regulated under AS 08.11 approximately equals the total regulatory costs of the department for all occupations regulated by the department under AS 08.11. The department shall set the fee levels for the issuance and renewal of licenses issued under AS 08.11 so that the fee levels are the same for all occupations regulated by the department under AS 08.11.

(h) Notwithstanding (c) of this section, the department shall establish fee levels under (a) of this section so that the total amount of fees collected by the Board of Barbers and Hairdressers approximately equals the total regulatory costs of the department, the board, and the Department of Environmental Conservation for all occupations regulated by the board. For purposes of this subsection, the regulatory costs of the Department of Environmental

Conservation for the occupations regulated by the board include the cost of inspections under AS 08.13.210(b), the cost of developing and adopting regulations under AS 44.46.020 for barbershop, hairdressing, hair braiding, manicuring, esthetics, body piercing, ear piercing, tattooing, and permanent cosmetic coloring establishments, and the cost to the Department of Environmental Conservation of enforcing the regulations for body piercing, tattooing, and permanent cosmetic coloring establishments. The department shall set the fee levels for the issuance and renewal of a practitioner's license issued under AS 08.13.100 so that the license and license renewal fees are the same for all occupations regulated by the Board of Barbers and Hairdressers.

(i) Notwithstanding (c) of this section, the department shall establish fee levels under (a) of this section so that the total amount of fees collected by the Department of Commerce, Community, and Economic Development for specialty contractors, home inspectors, and associate home inspectors approximately equals the total regulatory costs of the department for those three registration categories. The department shall set the fee levels for the issuance and renewal of a certificate of registration issued under AS 08.18 so that the fee levels are the same for all three of these registration categories and so that the fee level for a home inspector with a joint registration is not different from the fee level for a home inspector who does not have a joint registration. In this subsection, "joint registration" has the meaning given in AS 08.18.171.

(j) The department shall establish for real estate appraisal management companies registered under AS 08.87 a registry fee in an amount that equals the amount determined by the federal Appraisal Subcommittee established under 12 U.S.C. 3310 as a national registry fee for each real estate appraiser of the appraiser panel of a real estate appraisal management company under 12 U.S.C. 3338 (Title XI, Financial Institutions Reform, Recovery, and Enforcement Act of 1989), as amended by 12 U.S.C. 5301 – 5641 (Dodd-Frank Wall Street Reform and Consumer Protection Act); the department may annually remit fees paid under this subsection to the Appraisal Subcommittee for participation in the national registry for real estate appraisal management companies.

Sec. 08.01.070. Administrative duties of boards. Each board shall perform the following duties in addition to those provided in its respective law:

- (1) take minutes and records of all proceedings;
- (2) hold a minimum of one meeting each year;
- (3) hold at least one examination each year;
- (4) request, through the department, investigation of violations of its laws and regulations;
- (5) prepare and grade board examinations;
- (6) set minimum qualifications for applicants for examination and license and may establish a waiver of continuing education requirements for renewal of a license for the period in which a licensee is engaged in active duty military service as described under AS 08.01.100(f);
- (7) forward a draft of the minutes of proceedings to the department within 20 days after the proceedings;
- (8) forward results of board examinations to the department within 20 days after the examination is given;
- (9) notify the department of meeting dates and agenda items at least 15 days before meetings and other proceedings are held;
- (10) submit before the end of the fiscal year an annual performance report to the department stating the board's accomplishments, activities, and needs.

Sec. 08.01.075. Disciplinary powers of boards. (a) A board may take the following disciplinary actions, singly or in combination:

- (1) permanently revoke a license;
- (2) suspend a license for a specified period;
- (3) censure or reprimand a licensee;
- (4) impose limitations or conditions on the professional practice of a licensee;
- (5) require a licensee to submit to peer review;
- (6) impose requirements for remedial professional education to correct deficiencies in the education, training, and skill of the licensee;
- (7) impose probation requiring a licensee to report regularly to the board on matters related to the grounds for probation;
- (8) impose a civil fine not to exceed \$5,000.

(b) A board may withdraw probationary status if the deficiencies that required the sanction are remedied.

(c) A board may summarily suspend a licensee from the practice of the profession before a final hearing is held or during an appeal if the board finds that the licensee poses a clear and immediate danger to the public health and safety. A person is entitled to a hearing conducted by the office of administrative hearings (AS 44.64.010) to appeal the summary suspension within seven days after the order of suspension is issued. A person may appeal an adverse decision of the board on an appeal of a summary suspension to a court of competent jurisdiction.

(d) A board may reinstate a suspended or revoked license if, after a hearing, the board finds that the applicant is able to practice the profession with skill and safety.

(e) A board may accept the voluntary surrender of a license. A license may not be returned unless the board determines that the licensee is competent to resume practice and the licensee pays the appropriate renewal fee.

(f) A board shall seek consistency in the application of disciplinary sanctions. A board shall explain a significant departure from prior decisions involving similar facts in the order imposing the sanction.

Sec. 08.01.077. Conviction as grounds for disciplinary action. Notwithstanding any other provision of this title, the conviction under AS 47.24.010 of a person licensed, certified, or regulated by the department or a board under this title may be considered by the department or board as grounds for disciplinary proceedings or sanctions.

Sec. 08.01.080. Department regulations. The department shall adopt regulations to carry out the purposes of this chapter including but not limited to describing

- (1) how an examination is to be conducted;
- (2) what is contained in application forms;
- (3) how a person applies for an examination or license.

Sec. 08.01.087. Investigative and enforcement powers of department. (a) The department may, upon its own motion, conduct investigations to

(1) determine whether a person has violated a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010; or

(2) secure information useful in the administration of this chapter.

(b) If it appears to the commissioner that a person has engaged in or is about to engage in an act or practice in violation of a provision of this chapter or a regulation adopted under it, or a provision of AS 43.70, or a provision of this title or regulation adopted under this title dealing with an occupation or board listed in AS 08.01.010, the commissioner may, if the commissioner considers it in the public interest, and after notification of a proposed order or action by telephone, telegraph, or facsimile to all board members, if a board regulates the act or practice involved, unless a majority of the members of the board object within 10 days,

(1) issue an order directing the person to stop the act or practice; however, reasonable notice of and an opportunity for a hearing must first be given to the person, except that the commissioner may issue a temporary order before a hearing is held; a temporary order remains in effect until a final order affirming, modifying, or reversing the temporary order is issued or until 15 days after the person receives the notice and has not requested a hearing by that time; a temporary order becomes final if the person to whom the notice is addressed does not request a hearing within 15 days after receiving the notice; the office of administrative hearings (AS 44.64.010) shall conduct the hearing and shall issue a proposed decision within 10 days after the hearing; the commissioner shall issue a final order within five days after the proposed decision is issued;

(2) bring an action in the superior court to enjoin the acts or practices and to enforce compliance with this chapter, a regulation adopted under it, an order issued under it, or with a provision of this title or regulation adopted under this title dealing with business licenses or an occupation or board listed in AS 08.01.010;

(3) examine or have examined the books and records of a person whose business activities require a business license or licensure by a board listed in AS 08.01.010, or whose occupation is listed in AS 08.01.010; the commissioner may require the person to pay the reasonable costs of the examination; and

(4) issue subpoenas for the attendance of witnesses, and the production of books, records, and other documents.

(c) Under procedures and standards of operation established by the department by regulation, and with the agreement of the appropriate agency, the department may designate appropriate state or municipal agencies to investigate reports of abuse, neglect, or misappropriation of property by certified nurse aides.

Sec. 08.01.089. Copies of records for child support purposes. If a copy of a public record concerning an individual who owes or is owed child support that is prepared or maintained by the department is requested by the child support services agency created in AS 25.27.010 or a child support enforcement agency of another state, the department shall provide the requesting agency with a certified copy of the public record, including the individual's social security number. If these records are prepared or maintained by the department in an electronic data base, the records may be supplied by providing the requesting agency with a copy of the electronic record and a statement certifying its contents. A requesting agency receiving information under this section may use it only for child support purposes authorized under law.

Sec. 08.01.090. Applicability of the Administrative Procedure Act. The Administrative Procedure Act (AS 44.62) applies to regulations adopted and proceedings held under this chapter, except those under AS 08.01.087(b) and actions taken under AS 08.68.333(c).

Sec. 08.01.100. License renewal, lapse, and reinstatement. (a) Licenses shall be renewed biennially on the dates set by the department with the approval of the respective board.

(b) A license subject to renewal shall be renewed on or before the date set by the department. If the license is not renewed by the date set by the department, the license lapses. In addition to renewal fees required for reinstatement of the lapsed license, the department may impose a delayed renewal penalty, established by regulation, that shall be paid before a license that has been lapsed for more than 60 days may be renewed. The department may adopt a delayed renewal penalty only with the concurrence of the appropriate board.

(c) Except as provided in (f) of this section, when continuing education or other requirements are made a condition of license renewal, the requirements shall be satisfied before a license is renewed.

(d) Except as otherwise provided, a license may not be renewed if it has been lapsed for five years or more.

(e) Notwithstanding any other provision of this title, a renewal of a license may not be issued by the department to a natural person unless the licensee's social security number has been provided to the department.

(f) The department may establish and implement a waiver of continuing education requirements for renewal of a license regulated by the department and a board may establish and implement a waiver of continuing education requirements for renewal of a license regulated by the board for the period in which a licensee is engaged in active duty military service in the armed forces of the United States.

(g) A member of the armed forces of the United States on active duty in a combat zone, danger pay post, or qualified hazardous duty area, who is a licensee under this title in good standing at the time of the licensee's active duty order is exempt from any fees or other requirements to maintain that license or good standing while the licensee is in that zone, at that post, or in that area. This exemption is valid for 180 days after returning to the licensee's permanent duty station, if the licensee does not engage in licensed practice for profit in the private sector. The licensee shall pay fees and meet all other requirements for the license period beginning after the exemption ends. In this subsection,

(1) "combat zone" has the meaning given in 26 U.S.C. 112(c)(2) (Internal Revenue Code);

(2) "danger pay post" means a post so designated by the United States Secretary of State in the Department of State Standardized Regulations for purposes of danger pay under 5 U.S.C. 5928;

(3) "qualified hazardous duty area" means an area that, during the applicant's deployment, is treated as if it were a combat zone for purposes of a federal tax exemption under 26 U.S.C. 112 (Internal Revenue Code).

Sec. 08.01.102. Citation for unlicensed practice or activity. The department may issue a citation for a violation of a license requirement under this chapter, except a requirement to have a license under AS 43.70, if there is probable cause to believe a person has practiced a profession or engaged in business for which a license is required without holding the license. Each day a violation continues after a citation for the violation has been issued constitutes a separate violation. A citation issued under this section must comply with the standards adopted under AS 12.25.175 - 12.25.230.

Sec. 08.01.103. Procedure and form of citation. (a) A person receiving the citation issued under AS 08.01.102 is not required to sign a notice to appear in court.

(b) The time specified in the notice to appear on a citation issued under AS 08.01.102 shall be at least five working days after the issuance of the citation.

(c) The department is responsible for the issuance of books containing appropriate citations and shall maintain a record of each book issued and each citation contained in it. The department shall require and retain a receipt for every book issued to an employee of the department.

(d) On or before the 10th working day after the issuance of a citation, the department shall deposit the original or a copy of the citation with a court having jurisdiction over the alleged offense. Upon its deposit with the court, the citation may be disposed of only by trial in the court or other official action taken by the magistrate, judge, or prosecutor. The department may not dispose of a citation, copies of it, or the record of its issuance except as required under this subsection and (e) of this section.

(e) The department shall require the return of a copy of every citation issued by the department and all copies of a citation that has been spoiled or upon which an entry has been made and not issued to an alleged violator. The department shall also maintain, in connection with each citation, a record of the disposition of the charge by the court where the original or copy of the citation was deposited.

(f) A citation issued under AS 08.01.102 is considered to be a lawful complaint for the purpose of prosecution.

Sec. 08.01.104. Failure to obey citation. Unless the citation has been voided or otherwise dismissed by the magistrate, judge, or prosecutor, a person who without lawful justification or excuse fails to appear in court to answer a citation issued under AS 08.01.102, regardless of the disposition of the charge for which the citation was issued, is guilty of a class B misdemeanor.

Sec. 08.01.105. Penalty for improper payment. An applicant shall pay a penalty of \$10 each time a negotiable instrument is presented to the department in payment of an amount due and payment is subsequently refused by the named payor.

Sec. 08.01.110. Definitions. In this chapter,

(1) "board" includes the boards and commissions listed in AS 08.01.010;

(2) "commissioner" means the commissioner of commerce, community, and economic development;

(3) "department" means the Department of Commerce, Community, and Economic Development;

(4) "license" means a business license or a license, certificate, permit, or registration or similar evidence of authority issued for an occupation by the department or by one of the boards listed in AS 08.01.010;

(5) "licensee" means a person who holds a license;

(6) "occupation" means a trade or profession listed in AS 08.01.010.

**CHAPTER 02.
MISCELLANEOUS PROVISIONS.**

Section

- 10. Professional designation requirements**
- 11. Professional geologist**
- 20. Limitation of liability**
- 40. Access to certain mental health information and records by the state**
- 50. Permits for use of drugs to euthanize domestic animals**
- 90. Definition**

Sec. 08.02.010. Professional designation requirements. (a) An acupuncturist licensed under AS 08.06, an audiologist or speech-language pathologist licensed under AS 08.11, a behavior analyst licensed under AS 08.15, a person licensed in the state as a chiropractor under AS 08.20, a professional counselor licensed under AS 08.29, a dentist under AS 08.36, a dietitian or nutritionist licensed under AS 08.38, a massage therapist licensed under AS 08.61, a marital and family therapist licensed under AS 08.63, a medical practitioner or osteopath under AS 08.64, a direct-entry midwife certified under AS 08.65, a registered or advanced practice registered nurse under AS 08.68, an optometrist under AS 08.72, a licensed pharmacist under AS 08.80, a physical therapist or occupational therapist licensed under AS 08.84, a psychologist under AS 08.86, or a clinical social worker licensed under AS 08.95, shall use as professional identification appropriate letters or a title after that person's name that represents the person's specific field of practice. The letters or title shall appear on all signs, stationery, or other advertising in which the person offers or displays personal professional services to the public. In addition, a person engaged in the practice of medicine or osteopathy as defined in AS 08.64.380, or a person engaged in any manner in the healing arts who diagnoses, treats, tests, or counsels other persons in relation to human health or disease and uses the letters "M.D." or the title "doctor" or "physician" or another title that tends to show that the person is willing or qualified to diagnose, treat, test, or counsel another person, shall clarify the letters or title by adding the appropriate specialist designation, if any, such as "dermatologist," "radiologist," "audiologist," "naturopath," or the like.

(b) A person subject to (a) of this section who fails to comply with the requirements of (a) of this section shall be given notice of noncompliance by that person's appropriate licensing board or, if the person is not regulated by a board, by the department. If, after a reasonable time, with opportunity for a hearing, the person's noncompliance continues, the board or department, as appropriate, may suspend or revoke the person's license or registration, or administer other disciplinary action which in its determination is appropriate.

Sec. 08.02.011. Professional geologist. The commissioner of commerce, community, and economic development shall certify an applicant as a professional geologist if the applicant is certified as a professional geologist by the American Institute of Professional Geologists.

Sec. 08.02.020. Limitation of liability. An action may not be brought against a person for damages resulting from

- (1) the person's good faith performance of a duty, function, or activity required as a
 - (A) member of, or witness before, a licensing board or peer review committee established to review a licensing matter;
 - (B) member of a committee appointed under AS 08.64.336(c);
 - (C) contractor or agent of a contractor under AS 08.01.050(d) or AS 08.64.101(5);
- (2) a recommendation or action in accordance with the prescribed duties of a licensing board, peer review committee established to review a licensing matter, committee appointed under AS 08.64.336(c), or contractor or agent of a contractor under AS 08.01.050(d) or AS 08.64.101(5) when the person acts in the reasonable belief that the action or recommendation is warranted by facts known to the person, board, peer review committee, committee appointed under AS 08.64.336(c), or contractor or agent of the contractor under AS 08.01.050(d) or AS 08.64.101(5) after reasonable efforts to ascertain the facts upon which the action or recommendation is made; or
- (3) a report made in good faith to a public agency by the person, or participation by the person in an investigation by a public agency or a judicial or administrative proceeding relating to the report, if the report relates to the abuse of alcohol, other drugs, or other substances by a person licensed by a board listed in AS 08.01.050(d).

Sec. 08.02.040. Access to certain mental health information and records by the state. (a) Notwithstanding AS 08.29.200, AS 08.63.200, AS 08.86.200, AS 08.95.900, another provision of this title, or a regulation adopted under this title, a licensee or an entity employing or contracting with a licensee may disclose confidential patient

mental health information, communications, and records to the Department of Health and Social Services when disclosure is authorized under AS 47.30.540, 47.30.590, 47.30.845, or AS 47.31.032. Information, communications, and records received by the Department of Health and Social Services under this section are confidential medical records of patients and are not open to public inspection and copying under AS 40.25.110 - 40.25.120.

(b) In this section, "licensee" has the meaning given in AS 08.01.110.

Sec. 08.02.050. Permits for use of drugs to euthanize domestic animals. (a) A qualified agency may apply to the department and obtain a permit that authorizes the purchase, possession, and use by the agency of sodium pentobarbital, sodium pentobarbital with lidocaine, and other drugs authorized in regulations adopted by the department for the purpose of euthanizing injured, sick, or abandoned domestic animals in the lawful possession of the agency. To qualify to obtain the permit, the agency shall certify that it will

(1) comply with applicable federal laws related to the use of the drugs; and

(2) not permit an employee to administer the drugs unless the employee has successfully completed a euthanasia technician certification course approved by the National Animal Control Association, the American Humane Association, or the Humane Society of the United States.

(b) The department may revoke or suspend a permit or take another disciplinary action under AS 08.01.075 if it determines that the agency or an employee of the agency

(1) improperly used sodium pentobarbital, sodium pentobarbital with lidocaine, or another drug authorized for use under this section;

(2) failed to follow federal or state laws regarding proper storage and handling of the drugs;

(3) allowed an employee to administer the drugs before the employee successfully completed the certification course described in (a)(2) of this section; or

(4) violated this title or a regulation adopted under this title.

(c) In this section, "agency" means an animal control agency of a municipality or recognized governmental entity or an entity that has contracted with a municipality or recognized governmental entity to perform animal control or animal euthanasia services.

(d) The department may adopt regulations to implement this section.

Sec. 08.02.090. Definition. In this chapter, "department" means the Department of Commerce, Community, and Economic Development.

**CHAPTER 03.
TERMINATION, CONTINUATION AND REESTABLISHMENT
OF REGULATORY BOARDS.**

Section

10. Termination dates for regulatory boards

20. Procedures governing termination, transition, and continuation

Sec. 08.03.010. Termination dates for regulatory boards.

(a) *[Repealed, Sec. 4 ch 14 SLA 1987.]*

(b) *[Repealed, Sec. 4 ch 14 SLA 1987.]*

(c) The following boards have the termination date provided by this subsection:

- (1) Board of Public Accountancy (AS 08.04.010) – June 30, 2021;
 - (2) Board of Governors of the Alaska Bar Association (AS 08.08.040) – June 30, 2021;
 - (3) State Board of Registration for Architects, Engineers, and Land Surveyors (AS 08.48.011) – June 30, 2025;
 - (4) Board of Barbers and Hairdressers (AS 08.13.010) – June 30, 2019;
 - (5) Board of Chiropractic Examiners (AS 08.20.010) – June 30, 2022;
 - (6) Board of Professional Counselors (AS 08.29.010) – June 30, 2018;
 - (7) Board of Dental Examiners (AS 08.36.010) – June 30, 2019;
 - (8) Board of Certified Direct-Entry Midwives (AS 08.65.010) – June 30, 2021;
 - (9) Big Game Commercial Services Board (AS 08.54.591) – June 30, 2019;
 - (10) Board of Marine Pilots (AS 08.62.010) – June 30, 2019;
 - (11) Board of Marital and Family Therapy (AS 08.63.010) – June 30, 2018;
 - (12) Board of Massage Therapists (AS 08.61.010) – June 30, 2018;
 - (13) State Medical Board (AS 08.64.010) – June 30, 2020;
 - (14) Board of Nursing (AS 08.68.010) – June 30, 2019;
 - (15) Board of Examiners in Optometry (AS 08.72.010) – June 30, 2022;
 - (16) Board of Pharmacy (AS 08.80.010) – June 30, 2018;
 - (17) State Physical Therapy and Occupational Therapy Board (AS 08.84.010) – June 30, 2022;
 - (18) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010) – June 30, 2018;
 - (19) Real Estate Commission (AS 08.88.011) – June 30, 2018;
 - (20) Board of Certified Real Estate Appraisers (AS 08.87.010) – June 30, 2018;
 - (21) Board of Social Work Examiners (AS 08.95.010) – June 30, 2018;
 - (22) Board of Veterinary Examiners (AS 08.98.010) – June 30, 2025.
- (d) *[Repealed, Sec. 3 ch 74 SLA 1979.]*
- (e) *[Repealed, Sec. 3 ch 74 SLA 1979.]*

Sec. 08.03.020. Procedures governing termination, transition, and continuation. (a) Upon termination, each board listed in AS 08.03.010 shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. During this period, termination does not reduce or otherwise limit the powers or authority of each board. One year after the date of termination, a board not continued shall cease all activities, and the statutory authority of the board is transferred to the department.

(b) The termination, dissolution, continuation or reestablishment of a regulatory board shall be governed by the legislative oversight procedures of AS 44.66.050.

(c) A board scheduled for termination under this chapter may be continued or reestablished by the legislature for a period not to exceed eight years unless the board is continued or reestablished for a longer period under AS 08.03.010.

(d) The department shall carry out the functions of a board that has ceased all activities under (a) of this section. Litigation, hearings, investigations, and other proceedings pending at the time the board ceased activities continue in effect and may be continued or completed by the department. Licenses, certificates, orders, and regulations issued or adopted by the board and in effect at the time the board ceased activities remain in effect for the term issued or until revoked, amended, vacated, or repealed by the department.

Occupational Licensing **Centralized Regulations**

January 2019



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

*DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING*

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CHAPTER 02.
GENERAL OCCUPATIONAL LICENSING FUNCTIONS.

Article

- 1. Collection of Fees**
(12 AAC 02.010 — 12 AAC 02.030)
- 2. Occupational Licensing Fees**
(12 AAC 02.100 — 12 AAC 02.396)
- 3. Examination Review Procedures**
(12 AAC 02.400)
- 4. Real Estate Errors and Omissions Insurance**
(12 AAC 02.510 — 12 AAC 02.590)
- 5. Telemedicine Business Registry**
(12 AAC 02.600)
- 6. General Provisions**
(12 AAC 02.900 — 12 AAC 02.990)

ARTICLE 1.
COLLECTION OF FEES.

Section

- 10. Licensing and renewal fees**
- 15. Refund of license fees**
- 20. Prorating renewal fees**
- 30. Prorating initial renewal fees**

12 AAC 02.010. LICENSING AND RENEWAL FEES. (a) The department will collect fees for licensing and for license renewal for the boards and professions listed in AS 08.01.010.

(b) The department will not issue a license or renew a license unless the applicable fees established in AS 08 or in this chapter have been collected.

(c) Except as otherwise provided in this title, an application for initial licensure or renewal of license will be considered filed as of the filing date of the document, as determined by 12 AAC 02.920.

(d) Repealed 5/4/90.

(e) An application fee is not refundable.

Authority: AS 08.01.050 AS 08.01.065 AS 08.01.100
AS 08.01.060 AS 08.01.080

12 AAC 02.015. REFUND OF LICENSE FEES. (a) Except as provided in (b) of this section, after a license is initially issued or renewed, the department will not refund the initial license fee or the license renewal fee.

(b) On request, the department will issue a prorated refund of a license fee paid for a licensing period in which the individual licensee dies. The department will issue the refund to the estate of the licensee. The department will not issue a refund when the estate of the licensee remains a partner in a partnership that received a license under AS 08.

(c) To request a refund under this section, the estate of the licensee shall submit to the department

(1) a written request for a refund within 12 months of the licensee's death or before the end of the licensing period in which the licensee died, whichever time period is greater; and

(2) verification of the licensee's death; the department will accept a letter from a coroner or mortuary, a death certificate, or a copy of a newspaper article as verification.

(d) The department will calculate the amount of the prorated refund described in (b) of this section based on the number of complete months remaining in the licensing period on the date of the licensee's death.

Authority: AS 08.01.050 AS 08.01.065 AS 08.01.080

12 AAC 02.020. PRORATING RENEWAL FEES. The department will prorate the first license renewal fees following initial licensure, in accordance with 12 AAC 02.030. All renewal fees, including penalty and delinquent fees must be paid by the licensee applying for renewal of a license, except as provided in 12 AAC 02.030(a)(1) and (b)(1).

Authority: AS 08.01.050 AS 08.01.080 AS 08.01.100

12 AAC 02.030. PRORATING INITIAL RENEWAL FEES. (a) When the department issues an initial biennial license

(1) on or within the 90 days before the date by which it must be renewed, the applicant shall pay the entire license fee but is not required to pay the prescribed renewal fee until the second renewal date;

(2) more than 90 days but 12 months or less before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay one-half of the prescribed renewal fee at the time of the first renewal date; or

(3) more than 12 months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay the entire prescribed renewal fee at the time of the first renewal date.

(b) When the department issues an initial annual license

(1) on or within the 90 days before the date by which it must be renewed, the applicant shall pay the entire license fee but is not required to pay the prescribed renewal fee until the second renewal date;

(2) more than 90 days but six months or less before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay one-half of the prescribed renewal fee at the time of the first renewal date; or

(3) more than six months before the date by which the license must be renewed, the applicant shall pay the entire license fee, and shall pay the entire prescribed renewal fee at the time of the first renewal date.

(c) Repealed 12/28/97.

(d) Repealed 9/29/2005.

(e) The department will not prorate fees for applications, examinations, reexaminations, credential review or investigation, temporary or emergency permits, locum tenens permits, certificates, or other such fees established in AS 08 or in this chapter.

Authority: AS 08.01.065 AS 08.01.080 AS 08.01.100

ARTICLE 2. OCCUPATIONAL LICENSING FEES.

Section

- 100. Fees established by department**
- 102. Fees for a temporary license issued under AS 14.43.148 or AS 25.27.244; waivers; refunds**
- 105. Administrative fees**
- 106. Telemedicine business registry**
- 107. Prescription drug monitoring program controlled substance prescription database registration**
- 108. Acupuncturists**
- 110. Board of Registration for Architects, Engineers, and Land Surveyors**
- 130. Audiologist, hearing aid dealers, speech-language pathologists, and speech-language pathologist assistants**
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- 150. Board of Chiropractic Examiners**
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- 245. Mechanical administrators**
- 250. State Medical Board**
- 255. Mobile home dealers**
- 260. Mortuary science**
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- 280. Board of Nursing: fees for nurses and advanced practice registered nurses**
- 282. Board of Nursing: fees for certified nurse aides**

- 290. Nursing home administrators
- 300. Board of Examiners in Optometry
- 310. Board of Pharmacy
- 320. State Physical Therapy and Occupational Therapy Board
- 325. Board of Professional Counselors
- 330. Board of Psychologist and Psychological Associate Examiners
- 340. Board of Public Accountancy
- 350. Board of Veterinary Examiners
- 360. Real Estate Commission
- 370. Board of Certified Real Estate Appraisers
- 380. Pawnbrokers
- 390. Behavior analysts
- 395. Athletic trainers
- 396. Board of Massage Therapists

12 AAC 02.100. FEES ESTABLISHED BY DEPARTMENT. The fees established in this chapter have been adopted by the department after considering any recommendations of the applicable board or commission listed in AS 08.01.010.

Authority: AS 08.01.065

12 AAC 02.102. FEES FOR A TEMPORARY LICENSE ISSUED UNDER AS 14.43.148 OR AS 25.27.244; WAIVERS; REFUNDS. (a) When the division issues a temporary license under AS 14.43.148 or AS 25.27.244, the division will collect the annual or biennial license fee for the trade or profession for which the temporary license is issued, subject to the refund and waiver provisions set out in this section. The temporary license fee is the amount paid to the division under this section from the annual or biennial license fee that is not refunded or waived under this section.

(b) When an individual who holds a temporary license issued under AS 14.43.148 is

(1) issued a notice of release by the Alaska Commission on Postsecondary Education and takes the action necessary, on or before the expiration date of the temporary license, to convert the temporary license to an annual or biennial license under AS 05.10, AS 08, or AS 46.03.375, the division will waive one-half of the annual or biennial license fee for the trade or profession for which the individual is receiving an annual or biennial license;

(2) not issued a notice of release by the Alaska Commission on Postsecondary Education on or before the expiration date of the temporary license, the department will

(A) refund one-half of the annual or biennial license fee paid under (a) of this section; and

(B) not refund a bond, cash deposit, negotiable instrument, or other mechanism to provide proof of financial responsibility that was deposited for claims under AS 05.10.090, AS 08, or this chapter, except as required by law.

(c) When an individual who holds a temporary license issued under AS 25.27.244 is

(1) issued a release by the child support services agency and takes the action necessary, on or before the expiration date of the temporary license, to convert the temporary license to an annual or biennial license under AS 05.10, AS 08, or AS 46.03.375, the division will waive one-half of the annual or biennial license fee for the trade or profession for which the individual is receiving an annual or biennial license;

(2) not issued a notice of release by the child support services agency on or before the expiration date of the temporary license, the department will

(A) refund one-half of the annual or biennial license fee paid under (a) of this section; and

(B) not refund a bond, cash deposit, negotiable instrument, or other mechanism to provide proof of financial responsibility that was deposited for claims under AS 05.10.090, AS 08, or this chapter, except as required by law.

(d) In this section, "annual or biennial license fee" means the initial license fee or the license renewal fee established in

(1) AS 05.10.120 or this chapter for a licensing category included under the trades and professions listed in AS 08.01.010; and

(2) 18 AAC 78.495 for certification as an underground storage tank worker.

Authority: AS 08.01.050 AS 14.43.148 AS 25.27.244
AS 08.01.065

12 AAC 02.105. ADMINISTRATIVE FEES. Except as otherwise provided in this chapter for a particular board or occupation, the following fees apply to all boards and professions listed in AS 08.01.010:

(1) duplicate license fee, \$5;

(2) fee for verification or certification of an Alaska license, registration, or examination, \$20;

(3) name change, except for construction contractors, \$5;

(4) photocopy fee, \$.25 per page, which may be waived by the department if the total fee is less than \$5;

- (5) facsimile fee, \$1 per page, which may be waived by the department if the total fee is less than \$5;
- (6) returned check fee, \$20;
- (7) repealed 12/28/97;
- (8) exam postponement fee, \$25;
- (9) wall certificate fee, \$20;
- (10) fee for proctoring an examination for another state's applicant, \$50;
- (11) fee for specialized report of licensing data that the department has agreed to provide, \$100 plus the cost of supplies;
- (12) express delivery handling fee, \$20;
- (13) fee for providing the most recently printed roster of all licensees in a licensing program, other than business licensing, with
 - (A) 2,000 or less licensees, \$5;
 - (B) more than 2,000 licensees, \$15;
 - (C) repealed 3/25/2004;
- (14) fee for a courtesy license issued under 12 AAC 02.955, \$100;
- (15) courtesy license application fee, \$50;
- (16) examination review fee, \$50.

Authority: AS 08.01.062 AS 08.01.065 AS 08.01.100

12 AAC 02.106. TELEMEDICINE BUSINESS REGISTRY. The following fees are established for registration under AS 44.33.381 (telemedicine business registry) for businesses performing telemedicine services in this state;

- (1) initial registration fee, \$50;
- (2) fee to report changes in the information on the initial registration, \$50.

Authority: AS 44.33.020 AS 44.33.381

12 AAC 02.107. PRESCRIPTION DRUG MONITORING PROGRAM CONTROLLED SUBSTANCE PRESCRIPTION DATABASE REGISTRATION. The following fees are established for registration as required under AS 17.30.200 with the prescription drug monitoring program (PDMP) controlled substance prescription database by a pharmacist who dispenses, or a practitioner who prescribes, administers, or directly dispenses a schedule II, III, or IV controlled substance under federal law:

- (1) initial registration fee, \$25;
- (2) biennial registration renewal fee, \$25.

Authority: AS 08.01.065 AS 17.30.200

12 AAC 02.108. ACUPUNCTURISTS. The following fees are established for acupuncturists:

- (1) application fee for initial license, \$200;
- (2) license fee for all or part of the initial biennial license period, \$325;
- (3) biennial license renewal fee, \$325.

Authority: AS 08.01.010 AS 08.06.030 AS 08.06.100
AS 08.01.065

12 AAC 02.110. BOARD OF REGISTRATION FOR ARCHITECTS, ENGINEERS, AND LAND SURVEYORS. (a) The following fees are established for architects, engineers, land surveyors, and landscape architects:

- (1) application fee for initial registration and corporate, limited liability company, or limited liability partnership certification, \$200;
 - (2) repealed 10/29/2017;
 - (3) registration fee for all or part of the initial biennial registration period, \$100;
 - (4) biennial registration renewal fee, \$100;
 - (5) corporation, limited liability company, or limited liability partnership certification fee, for all or part of the biennial certification period, \$300;
 - (6) biennial corporation, limited liability company, or limited liability partnership certification renewal fee, \$300;
 - (7) amendment to corporate, limited liability company, or limited liability partnership certification, \$75;
 - (8) repealed 11/13/2014;
 - (9) repealed 10/29/2017;
 - (10) retired status registration one-time fee, \$25.
- (b) The following examination fees are established for land surveyors and landscape architects:
- (1) Alaska Land Surveying Exam (AKLS), \$100;

- (2) repealed 11/13/2014.
- (c) Repealed 4/19/97.
- (d) The examination fees established in this section are due each time an applicant applies for an examination or examination division.
- (e) The following fee is established for opening a file for the retention of completed land surveyor work verification forms: \$50.

Authority: AS 08.01.065 AS 08.48.265

12 AAC 02.130. AUDIOLOGIST, HEARING AID DEALERS, SPEECH-LANGUAGE PATHOLOGISTS, AND SPEECH-LANGUAGE PATHOLOGIST ASSISTANTS. The following fees are established for audiologists, hearing aid dealers, speech-language pathologists, and speech-language pathologist assistants:

- (1) application fee for initial license or registration, \$250;
- (2) temporary license fee for audiologists or speech-language pathologists, \$225;
- (3) audiologist or speech-language pathologist license fee for all or part of the initial biennial license period, \$225;
- (4) biennial audiologist or speech-language pathologist license renewal fee, \$225;
- (5) hearing aid dealer license fee for all or part of the initial biennial license period, \$225;
- (6) hearing aid dealer biennial license renewal fee, \$225;
- (7) delinquent fee for delayed renewal, \$50;
- (8) speech-language pathologist assistant registration fee for all or part of the initial biennial registration period, \$225;
- (9) biennial speech-language pathologist assistant registration renewal fee, \$225.

Authority: AS 08.01.065 AS 08.11.025 AS 08.55.010
AS 08.11.010 AS 08.11.030 AS 08.55.020
AS 08.11.015 AS 08.11.043 AS 08.55.040
AS 08.11.020 AS 08.11.050

12 AAC 02.140. BOARD OF BARBERS AND HAIRDRESSERS. (a) The following fees are established:

- (1) nonrefundable application fee for
 - (A) initial license, \$150;
 - (B) courtesy license, \$80;
- (2) temporary permit fee, \$100;
- (3) fee for student permit, student instructor permit, or apprenticeship that is valid for
 - (A) one year, \$100;
 - (B) two years, \$125;
- (4) barber, non-chemical barber, hairdresser, esthetician, advanced manicurist, or instructor written examination fee, \$60;
- (5) barber, non-chemical barber, hairdresser, esthetician, or instructor practical examination fee, \$60;
- (6) temporary license fee, \$100;
- (7) written examination fee for practitioners of body piercing, tattooing, or permanent cosmetic coloring, \$60;
- (8) temporary shop license fee, \$100;
- (9) courtesy license for practitioners of hairdressing, body piercing, tattooing, or permanent cosmetic coloring, \$80;
- (10) advanced manicurist endorsement one-time fee, \$20.
- (b) The following license fees are established for all or part of the initial biennial license period:
 - (1) barber, non-chemical barber, or hairdresser, \$180;
 - (2) esthetician, \$180;
 - (3) instructor, \$260;
 - (4) shop owner, \$260;
 - (5) school and school owner combined, \$660;
 - (6) manicurist, \$180;
 - (7) repealed 6/8/2016;
 - (8) practitioner of tattooing or permanent cosmetic coloring, \$180;
 - (9) practitioner of body piercing, \$180;
 - (10) practitioner of hair braiding, \$180.
- (c) The following biennial license renewal fees are established:
 - (1) barber, non-chemical barber, or hairdresser, \$180;
 - (2) esthetician, \$180;
 - (3) instructor, \$260;
 - (4) shop owner, \$260;
 - (5) school and school owner combined, \$660;
 - (6) manicurist and advanced manicurist endorsement, \$180;

- (7) repealed 6/8/2016;
- (8) practitioner of tattooing or permanent cosmetic coloring, \$180;
- (9) practitioner of body piercing, \$180;
- (10) practitioner of hair braiding, \$180.

Authority: AS 08.01.065 AS 08.13.185

12 AAC 02.145. BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES. The following fees are established for direct-entry midwives and apprentices:

- (1) nonrefundable application fee for initial certification, \$500;
- (2) certification fee for all or part of the initial biennial certification period, \$3,800;
- (3) biennial certification renewal fee, \$3,800;
- (4) apprentice direct-entry midwife permit fee, \$1,275;
- (5) biennial apprentice direct-entry midwife permit renewal fee, \$1,275;
- (6) nonrefundable application fee for initial apprentice direct-entry midwife permit, \$250.

Authority: AS 08.01.065 AS 08.65.100

12 AAC 02.150. BOARD OF CHIROPRACTIC EXAMINERS. (a) The following fees are established for chiropractors:

- (1) application fee for
 - (A) initial license, \$250;
 - (B) locum tenens permit, \$250;
 - (C) any courtesy license, \$250;
 - (2) license fee for all or part of the initial biennial license period, \$600;
 - (3) biennial license renewal fee, \$600;
 - (4) temporary permit fee, \$150;
 - (5) examination fee, \$200;
 - (6) locum tenens permit fee, \$150;
 - (7) inactive license fee, \$150;
 - (8) retired status license fee, \$150;
 - (9) specialty designation fee, \$50;
 - (10) fee for any courtesy license, \$150;
 - (11) continuing education course approval fee, \$125;
 - (12) continuing education course change approval fee, \$50;
 - (13) delayed renewal penalty fee, \$100.
- (b) The peer review fee charged to a complainant is \$50.

Authority: AS 08.01.062 AS 08.01.100 AS 08.20.185
 AS 08.01.065 AS 08.20.180

12 AAC 02.155. BOARD OF SOCIAL WORK EXAMINERS. (a) The following fees are established for social workers:

- (1) application fee for initial license, \$100;
- (2) clinical social worker license fee for all or part of the initial biennial license period, \$325;
- (3) master social worker license fee for all or part of the initial biennial license period, \$275;
- (4) baccalaureate social worker license fee for all or part of the initial biennial license period, \$225;
- (5) biennial clinical social worker license renewal fee, \$325;
- (6) biennial master social worker license renewal fee, \$275;
- (7) biennial baccalaureate social worker license renewal fee, \$225;
- (8) temporary license fee, \$75.

(b) Notwithstanding 12 AAC 02.020 and 12 AAC 02.030, the initial license renewal fee for a clinical social worker, master social worker, or baccalaureate social worker in (a)(5) – (7) of this section will not be prorated, except as provided in 12 AAC 02.030(a)(1).

(c) The following fees are established for submission of social worker continuing education courses for approval under 12 AAC 18.220:

- (1) initial continuing education course submittal fee, \$50;
- (2) continuing education course resubmittal fee, \$25.

Authority: AS 08.01.065 AS 08.95.110 AS 08.95.125
 AS 08.95.030 AS 08.95.120

12 AAC 02.160. COLLECTION AGENCIES. (a) The following fees are established for collection agencies:

- (1) application fee for initial license, \$50;

- (2) operator license fee for all or part of the initial biennial license period, \$125;
- (3) biennial operator license renewal fee, \$125;
- (4) agency license fee for all or part of the initial biennial license period, \$125;
- (5) biennial agency license renewal fee, \$125;
- (6) branch office license fee, for all or part of the initial biennial license period, \$125;
- (7) biennial branch office license renewal fee, \$125;
- (8) delayed renewal penalty, \$50.

(b) Under AS 08.24.370, all nonresident operator and agency fees are double the fees established in (a) of this section, except for branch office fees.

Authority: AS 08.01.065 AS 08.24.135 AS 08.24.370
AS 08.01.100

12 AAC 02.170. CONCERT PROMOTERS. The following fees are established for concert promoters:

- (1) application fee for initial registration, \$125;
- (2) certificate of registration fee, for all or part of the initial biennial registration period, \$500;
- (3) biennial certificate of registration renewal fee, \$500.

Authority: AS 08.01.065 AS 08.92.020 AS 08.92.080

12 AAC 02.180. CONSTRUCTION CONTRACTORS. (a) The following fees are established for general, mechanical, and all specialty construction contractors:

- (1) nonrefundable application fee for initial registration or residential contractor endorsement, \$100;
- (2) certificate of registration and license enforcement support fee, for all or part of the initial biennial registration period, \$250;
- (3) biennial certificate of registration renewal and license enforcement support fee, \$250;
- (4) fee for change from one specialty to another specialty, or from specialty to mechanical, or from mechanical to specialty, contractor registration, \$35;
- (5) name change, \$65;
- (6) bonding research, \$30;
- (7) residential contractor endorsement fee, for all or part of the initial biennial endorsement period, \$250;
- (8) biennial residential contractor endorsement renewal fee, \$250;
- (9) repealed 10/20/2018;
- (10) fee for change from a specialty or mechanical contractor registration to a general contractor registration, or a general contractor registration to a specialty contractor or mechanical contractor registration, \$75.

(b) Repealed 10/20/2018.

Authority: AS 08.01.065 AS 08.18.041

12 AAC 02.190. BOARD OF DENTAL EXAMINERS. (a) The following fees for dental hygienists are established:

- (1) nonrefundable application fee for
 - (A) initial license, \$100;
 - (B) courtesy license, \$50;
 - (C) initial restorative function endorsement, \$100;
 - (D) local anesthetic permit, \$100;
 - (E) nitrous oxide certification, \$100;
- (2) repealed 12/13/2014;
- (3) license fee for all or part of the initial biennial license period, \$200;
- (4) biennial license renewal fee, \$200;
- (5) local anesthetic permit, \$100;
- (6) credential review fee, \$110;
- (7) local anesthetic permit renewal fee, \$100;
- (8) courtesy license fee, \$50;
- (9) restorative function endorsement fee, for all or part of the initial endorsement period, \$60;
- (10) restorative function endorsement renewal fee, \$60;
- (11) nitrous oxide certification one-time fee, \$100.

(b) The following fees for dentists are established:

- (1) nonrefundable application fee for
 - (A) initial license by examination, \$600;
 - (B) repealed 12/13/2014;
 - (C) courtesy license, \$50;
 - (D) repealed 12/13/2014;
 - (E) deep sedation, moderate sedation, minimal sedation, or general anesthetic permit, \$100;

- (2) nonrefundable application and review fee for license by credentials, \$1,000;
- (3) repealed 12/13/2014;
- (4) license fee for all or part of the initial biennial license period, \$450;
- (5) repealed 12/13/2014;
- (6) biennial license renewal fee, \$450;
- (7) repealed 12/13/2014;
- (8) repealed 12/13/2014;
- (9) deep sedation, moderate sedation, or minimal sedation permit fee for all or part of the initial biennial permit period, \$1,000;
- (10) biennial deep sedation, moderate sedation, or minimal sedation permit renewal fee, \$350;
- (11) repealed 12/13/2014;
- (12) general anesthetic permit fee for all or part of the initial biennial permit period, \$1,000;
- (13) biennial general anesthetic permit renewal fee, \$350;
- (14) courtesy license fee, \$50.

(c) The following fees are established for submission of dental and dental hygiene continuing education courses for approval under 12 AAC 28.410:

- (1) initial continuing education course submittal fee, \$50;
- (2) continuing education course resubmittal fee, \$50.

Authority: AS 08.01.065 AS 08.32.070 AS 08.32.081
AS 08.01.100 AS 08.32.071 AS 08.36.250
AS 08.32.030

12 AAC 02.195. DIETITIANS AND NUTRITIONISTS. The following fees are established for dietitians and nutritionists:

- (1) application fee for initial license, \$100;
- (2) license fee for all or part of the initial biennial license period, \$125;
- (3) biennial license renewal fee, \$125.

Authority: AS 08.01.010 AS 08.01.100 AS 08.38.030
AS 08.01.065 AS 08.38.020

12 AAC 02.200. DISPENSING OPTICIANS. The following fees are established for dispensing opticians and apprentices:

- (1) nonrefundable application fee for initial license, \$50;
- (2) license fee for all or part of the initial biennial license period, \$275;
- (3) biennial license renewal fee, \$275;
- (4) apprentice registration fee, \$250;
- (5) apprentice registration change fee, \$50.

Authority: AS 08.01.065 AS 08.71.120 AS 08.71.160

12 AAC 02.210. ELECTRICAL ADMINISTRATORS. The following fees are established for electrical administrators:

- (1) nonrefundable application fee for each license category applied for separately, \$50;
- (2) examination fee, due each time an applicant applies for an examination, \$125 per category;
- (3) electrical administrator license fee for all or part of the initial biennial license period, \$200;
- (4) biennial electrical administrator license renewal fee, \$200;
- (5) repealed 10/1/88;
- (6) repealed 5/30/97.

Authority: AS 08.01.065 AS 08.40.150

12 AAC 02.215. EUTHANASIA OF DOMESTIC ANIMALS. The following fees are established for agencies that purchase, possess, and use certain drugs to euthanize domestic animals:

- (1) application fee for initial euthanasia permit, \$25;
- (2) permit fee for all or part of the initial biennial license period, \$25;
- (3) biennial permit renewal fee, \$25.

Authority: AS 08.01.065 AS 08.02.050

12 AAC 02.220. GEOLOGISTS. The fee for certification of a professional geologist is \$50.

Authority: AS 08.01.065 AS 08.02.011

12 AAC 02.225. PRIVATE PROFESSIONAL GUARDIAN LICENSE AND PRIVATE PROFESSIONAL CONSERVATOR LICENSE. The following fees are established for private professional guardians and private professional conservators:

- (1) application fee for initial registration, \$125;
- (2) license fee for all or part of the initial biennial licensing period, \$725;
- (3) biennial license renewal fee, \$725;
- (4) temporary license fee for private professional guardian or private professional conservator, \$50;
- (5) nonrefundable fingerprint processing fee, \$59.

Authority: AS 08.01.065 AS 08.26.060

12 AAC 02.230. BIG GAME COMMERCIAL SERVICES BOARD. (a) The following fees are established for registered and master guide-outfitters:

- (1) nonrefundable application fee for initial license, \$200;
- (2) initial registered guide-outfitter qualification examination or retake examination fee, \$125;
- (3) game management unit examination fee for taking initial examination, retaking examination, or adding game management units, \$400 per game management unit;
- (4) registered or master guide-outfitter license fee, for all or part of the biennial license period, \$850;
- (5) biennial registered or master guide-outfitter license renewal fee, \$850;
- (6) examination preparation packet for registered guide-outfitter, \$100;
- (7) retired status license fee, \$300;
- (8) hunt record annual filing fee, \$300;
- (9) guide use area registration fee, \$100.

(b) The following fees are established for Class-A assistant and assistant guides:

- (1) nonrefundable application fee for initial license, \$200;
- (2) Class-A assistant and assistant guide license fee for all or part of the initial biennial license period, \$410;
- (3) Class-A assistant and assistant guide biennial license renewal fee, \$410;
- (4) retired status license fee, \$175.

(c) The following fees are established for transporter licenses:

- (1) nonrefundable application fee, \$200;
- (2) transporter license fee, for all or part of the biennial license period, \$850;
- (3) biennial transporter license renewal fee, \$850;
- (4) transporter activity report annual filing fee, \$300.

(d) Under AS 08.54.770(e), the license fees for nonresidents are double the license fees established in (a) – (c) of this section.

(e) The following fee is established for each municipality request for hunt record and transporter activity report information under AS 08.54.760(b)(2), \$500.

Authority: AS 08.01.010 AS 08.54.650 AS 08.54.760
AS 08.01.065 AS 08.54.750 AS 08.54.770
AS 08.01.100

12 AAC 02.235. HOME INSPECTORS. The following fees are established for home inspectors and associate home inspectors:

- (1) nonrefundable application fee for initial license, \$100;
- (2) certificate of registration and license enforcement support fee, for all or part of the initial biennial licensing period, \$250;
- (3) biennial certificate of registration renewal and license enforcement support fee, \$250;
- (4) bonding research, \$30;
- (5) fee for adding an additional type of authorized inspection to a registration, \$30.

Authority: AS 08.01.065 AS 08.18.022 AS 08.18.041

12 AAC 02.240. BOARD OF MARINE PILOTS. The following fees are established for all license and registration categories of marine pilots and vessel agents:

- (1) nonrefundable application fee for
 - (A) initial deputy marine pilot license, including the application fee for the regional comprehensive local knowledge examination, \$300;
 - (B) core examination, extension of route examination, marine pilot license, vessel agent registration, VLCC endorsement, or tonnage upgrade, \$100;
- (2) marine pilot license fee for all or part of the initial biennial license period, \$1,500, which will be waived by the department if the applicant is upgrading from a deputy marine pilot license and has paid the deputy marine pilot license fee for the same biennial license period;

- (3) biennial marine pilot license renewal fee, \$1,500;
- (4) vessel agent registration fee for all or part of the initial biennial registration period, \$500;
- (5) biennial vessel agent renewal fee, \$500;
- (6) core examination fee, \$500;
- (7) deputy marine pilot license fee for all or part of the initial biennial license period, \$1,500;
- (8) biennial deputy marine pilot license renewal fee, \$1,500;
- (9) regional comprehensive local knowledge examination fee, \$500;
- (10) extension of route examination fee, \$200.

Authority: AS 08.01.065 AS 08.62.140

12 AAC 02.242. BOARD OF MARITAL AND FAMILY THERAPY. The following fees are established for marital and family therapists and associates:

- (1) nonrefundable application fee for initial license, \$350;
- (2) license fee for all or part of the initial biennial license period, \$1,250;
- (3) biennial license renewal fee, \$1,250;
- (4) four-year associate license fee for supervised practice, \$600;
- (5) temporary license fee, \$300.

Authority: AS 08.01.065 AS 08.63.110 AS 08.63.140
AS 08.63.100 AS 08.63.130

12 AAC 02.245. MECHANICAL ADMINISTRATORS. The following fees are established for mechanical administrators:

- (1) nonrefundable application fee for each license category applied for separately, \$50;
- (2) examination fee, due each time an applicant applies for an examination, \$125 per category;
- (3) mechanical administrator license fee for all or part of the initial biennial license period, \$250;
- (4) biennial mechanical administrator license renewal fee, \$250;
- (5) repealed 5/30/97.

Authority: AS 08.01.065 AS 08.40.290 AS 08.40.310

12 AAC 02.250. STATE MEDICAL BOARD. (a) The following fees are established for physicians, podiatrists, and osteopaths:

- (1) nonrefundable application fee for initial license, \$400;
 - (2) temporary permit fee, \$200;
 - (3) initial or extended locum tenens permit fee, \$150;
 - (4) license fee for all or part of the initial biennial license period, \$425;
 - (5) active biennial license renewal fee, \$425;
 - (6) inactive biennial license renewal fee, \$275;
 - (7) retired status license one-time fee, \$150;
 - (8) courtesy license fee, \$150;
 - (9) residency permit nonrefundable application and permit fee, \$100;
 - (10) nonrefundable application fee for locum tenens permit, \$150;
 - (11) nonrefundable application fee for courtesy license, \$100.
- (b) The following fees are established for physician assistants:
- (1) nonrefundable application fee for initial license, \$200;
 - (2) temporary license fee, \$75;
 - (3) repealed 8/30/2018;
 - (4) repealed 8/30/2018;
 - (5) fee for establishing or changing a collaborative relationship, \$125;
 - (6) license fee for all or part of the initial biennial license period, \$250;
 - (7) biennial license renewal fee, \$250;
 - (8) graduate physician assistant nonrefundable application and license fee, \$100;
 - (9) inactive biennial license fee, \$175.
- (c) The following fees are established for mobile intensive care paramedics:
- (1) nonrefundable application fee for initial license, \$100;
 - (2) temporary permit fee, \$75;
 - (3) provisional license fee, \$75;
 - (4) license fee for all or part of the initial biennial license period, \$75;
 - (5) biennial license renewal fee, \$75.

Authority: AS 08.01.062 AS 08.64.270 AS 08.64.276
AS 08.01.065 AS 08.64.272 AS 08.64.315
AS 08.64.107

12 AAC 02.255. MOBILE HOME DEALERS. (a) The following fees are established for mobile home dealers:

- (1) nonrefundable application fee for initial registration, \$50;
 - (2) registration fee for all or part of the initial biennial registration period, \$510;
 - (3) biennial registration renewal fee, \$510;
- (b) A registration as a mobile home dealer expires on August 31 of odd-numbered years.

Authority: AS 08.01.065 AS 08.67.020 AS 08.67.040
AS 08.01.100

12 AAC 02.260. MORTUARY SCIENCE. (a) A funeral director or embalmer license and a funeral establishment permit expires on December 31 of all even-numbered years. The following fees are established for funeral directors, embalmers, and funeral establishments:

- (1) nonrefundable application fee for initial license or permit, \$150;
 - (2) license or permit fee for all or part of the initial license or permit period, \$275;
 - (3) biennial license or permit renewal fee, \$275;
 - (4) state law examination fee, \$100.
- (b) The following fees are established for funeral director or embalmer trainee permits:
- (1) application fee for initial permit, \$150;
 - (2) trainee permit issuance and renewal fee, \$100.
- (c) Permit fee for disposal of human remains for compensation by a person not licensed under AS 08.42 is \$75.

Authority: AS 08.01.065 AS 08.42.010

12 AAC 02.270. NATUROPATHS. The following fees are established for naturopaths:

- (1) nonrefundable application fee for initial license, \$500;
- (2) license fee for all or part of the initial biennial license period, \$1,800;
- (3) biennial license renewal fee, \$1,800;
- (4) temporary license fee, \$500;
- (5) repealed 10/28/2000.

Authority: AS 08.01.065 AS 08.45.030 AS 08.45.100
AS 08.45.020 AS 08.45.035

12 AAC 02.280. BOARD OF NURSING: FEES FOR NURSES AND ADVANCED PRACTICE REGISTERED NURSES. The following fees are established for nurses and advanced practice registered nurses:

- (1) nonrefundable application fee for
 - (A) initial registered or practical nursing license, \$100;
 - (B) advanced practice registered nurse license, \$100;
 - (C) preceptorship registration one-time fee, \$100;
- (2) license fee for all or part of the initial biennial registered or practical nursing license period, \$200;
- (3) biennial registered or practical nursing license renewal fee, \$200;
- (4) temporary permit fee, \$100;
- (5) prescriptive authority or controlled substance authority application one-time fee, \$100;
- (6) advanced practice registered nurse license fee for all or part of the initial biennial license period, \$100;
- (7) advanced practice registered nurse biennial license renewal fee, \$100;
- (8) reexamination application fee, \$50;
- (9) late renewal penalty fee, \$100;
- (10) nonrefundable fingerprint processing fee, \$75;
- (11) courtesy license fee, \$50;
- (12) retired nurse status license one-time fee, \$100.

Authority: AS 08.01.010 AS 08.01.100 AS 08.68.220
AS 08.01.065

12 AAC 02.282. BOARD OF NURSING: FEES FOR CERTIFIED NURSE AIDES. The following fees are established for certified nurse aides:

- (1) nonrefundable application fee for initial certification, \$100;
- (2) examination fee, \$55;
- (3) certification fee for all or part of the initial biennial nurse aide certification period, \$100;
- (4) biennial nurse aide certification renewal fee, \$100;
- (5) certified nurse aide training program approval fee, \$500;
- (6) reexamination fee, \$50;
- (7) nonrefundable fingerprint processing fee, \$75.

Authority: AS 08.01.010 AS 08.01.065 AS 08.68.336

12 AAC 02.290. NURSING HOME ADMINISTRATORS. The following fees are established for nursing home administrators:

- (1) application fee for
 - (A) initial license, \$125;
 - (B) provisional license, \$100;
- (2) license fee for all or part of the initial biennial license period, \$250;
- (3) biennial license renewal fee, \$250;
- (4) provisional license fee, \$125.

Authority: AS 08.01.065 AS 08.70.130 AS 08.70.150
AS 08.70.080

12 AAC 02.300. BOARD OF EXAMINERS IN OPTOMETRY. The following fees are established for optometrists:

- (1) nonrefundable application fee for initial license, \$450;
- (2) examination fee, \$250;
- (3) license fee for all or part of the initial biennial license period, \$600;
- (4) biennial license renewal fee, \$600;
- (5) retired status license fee, \$150;
- (6) temporary military courtesy license fee, \$240;
- (7) extension of temporary military courtesy license fee, \$240.

Authority: AS 08.01.063 AS 08.01.065 AS 08.72.191

12 AAC 02.310. BOARD OF PHARMACY. (a) The following fees are established for pharmacists, pharmacy interns, pharmacy technicians, pharmacies, wholesale drug distributors, and drug dispensaries:

- (1) application fee for initial license, \$60
- (2) repealed 10/28/2000;
- (3) temporary pharmacist license fee, \$60;
- (4) emergency permit to practice pharmacy fee, \$110;
- (5) pharmacy intern license fee, \$30.

(b) The following license and registration fees for all or part of the initial biennial licensing or registration period and subsequent biennial license and registration renewal fees are established for pharmacists, pharmacy technicians, remote and other pharmacies, and wholesale drug distributors:

- (1) pharmacist, \$240;
- (2) wholesale drug distributor, \$500;
- (3) pharmacy, \$240;
- (4) drug room, \$240;
- (5) registered pharmacy located outside of the state, \$600;
- (6) pharmacy technician, \$60;
- (7) remote pharmacy, \$240.

Authority: AS 08.01.065 AS 08.80.160

12 AAC 02.320. STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD. The following fees are established for physical therapists, physical therapy assistants, occupational therapists, and occupational therapy assistants:

- (1) application fee for initial license, \$150;
- (2) license fee for physical or occupational therapist for all or part of the initial biennial license period, \$240;
- (3) biennial license renewal fee for physical or occupational therapist, \$240;
- (4) temporary permit fee, \$65;
- (5) limited permit fee, \$65;
- (6) license fee for physical or occupational therapy assistant for all or part of the initial biennial license period, \$175;
- (7) biennial license renewal fee for physical or occupational therapy assistant, \$175.

Authority: AS 08.01.065 AS 08.84.050

12 AAC 02.325. BOARD OF PROFESSIONAL COUNSELORS. The following fees are established for professional counselors:

- (1) application fee for any initial license, \$200;

- (2) license fee for all or part of any initial biennial license period, \$500;
- (3) any biennial license renewal fee, \$500;
- (4) any board-approved supervisor fee, \$150.

Authority: AS 08.01.065

12 AAC 02.330. BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS.

The following fees are established for psychologists and psychological associates:

- (1) application fee for
 - (A) initial license, \$200;
 - (B) any courtesy psychologist license, \$50;
- (2) credential review fee, \$100;
- (3) psychologist license fee for all or part of the initial biennial licensing period, \$775;
- (4) psychologist biennial license renewal fee, \$775;
- (5) temporary license fee, \$150;
- (6) psychological associate license fee for all or part of the initial biennial licensing period, \$775;
- (7) psychological associate biennial license renewal fee, \$775;
- (8) state examination fee, \$50;
- (9) Examination for Professional Practice in Psychology (EPPP), examination retest fee, \$25;
- (10) fee for any courtesy psychologist license, \$200.

Authority: AS 08.01.062 AS 08.86.135 AS 08.86.140
AS 08.01.065

12 AAC 02.340. BOARD OF PUBLIC ACCOUNTANCY. The following fees are established for accountants, partnerships, corporations, limited liability companies, and other legal entities:

- (1) nonrefundable application fee for
 - (A) initial license, permit, or practice privilege, \$300;
 - (B) repealed 10/18/2015;
- (2) repealed 11/18/2006;
- (3) certified public accountant license fee for all or part of the initial biennial license period, \$390;
- (4) certified public accountant biennial active license renewal fee, \$390;
- (5) certified public accountant biennial inactive license renewal fee, \$245;
- (6) uncertified public accountant biennial license renewal fee, under AS 08.04.661, \$200;
- (7) uncertified public accountant biennial inactive license renewal fee, under AS 08.04.661, \$200;
- (8) partnership, corporation, limited liability company, or other legal entity registration and permit fee for all or part of the initial biennial registration period, \$530;
- (9) biennial partnership, corporation, limited liability company, or other legal entity permit renewal fee, \$530;
- (10) out-of-state practice privilege permit fee for all or part of the initial biennial registration period, \$900;
- (11) biennial out-of-state practice privilege permit renewal fee, \$900;
- (12) license reactivation fee, \$150;
- (13) delayed renewal penalty fee, \$100.

Authority: AS 08.01.065 AS 08.04.495

12 AAC 02.350. BOARD OF VETERINARY EXAMINERS. The following fees are established for veterinarians and veterinary technicians:

- (1) nonrefundable application fee for
 - (A) initial veterinarian license by examination, \$200;
 - (B) initial veterinary technician license, \$100;
 - (C) courtesy license, \$125;
 - (D) student permit, \$125;
- (2) state written examination fee for veterinarians, \$200;
- (3) repealed 10/9/2016;
- (4) license fee for veterinarians for all or part of the initial biennial license period, \$600;
- (5) biennial license renewal fee for veterinarians, \$600;
- (6) temporary license fee, \$125;
- (7) temporary permit fee, \$125;
- (8) registration fee for veterinary technicians for all or part of the initial biennial registration period, \$100;
- (9) biennial registration renewal fee for veterinary technicians, \$100;
- (10) courtesy license fee, \$125;
- (11) nonrefundable application and investigation fee for veterinarian license by credentials under AS 08.98.184, \$200;
- (12) delayed renewal penalty fee for a veterinarian license that has lapsed more than 60 days and for each year the license has been lapsed, \$150;

(13) delayed renewal penalty fee for a veterinary technician license that has lapsed more than 60 days and for each year the license has been lapsed, \$75.

Authority: AS 08.01.062 AS 08.01.100 AS 08.98.190
AS 08.01.065

12 AAC 02.360. REAL ESTATE COMMISSION. (a) The following fees are established for real estate salespersons, associate brokers, and brokers:

(1) license fee, for all or part of the initial biennial license period, whether licensure is by examination or endorsement, \$200;

(2) biennial license renewal fee for both active and inactive licenses, \$200;

(3) fee for office changes, including change of broker and company name, \$75 for each license;

(4) transfer of license fee, \$225;

(5) application fee for initial license, \$200;

(6) initial office registration fee, \$225;

(7) license inactivation or reactivation fee, \$150;

(8) duplicate license fee, \$50;

(9) name change fee, \$75;

(10) post-license education certification and new license document fee, \$30;

(11) reinstatement fee for a lapsed license, \$275.

(b) The following fees are established for real estate education course certification and instructor approval:

(1) initial course certification fee, \$30 per credit hour;

(2) biennial course recertification fee, \$25 per credit hour;

(3) instructor approval fee, \$200 per instructor;

(4) temporary instructor approval fee, \$250 per instructor;

(5) instructor approval recertification fee, \$100.

(c) The following fees are established for publications offered by the Real Estate Commission:

(1) information pamphlet on landlord and tenant rights, \$5;

(2) repealed 12/2/2005.

Authority: AS 08.01.065 AS 08.88.221

12 AAC 02.370. BOARD OF CERTIFIED REAL ESTATE APPRAISERS. The following fees are established for general real estate appraisers, residential real estate appraisers, institutional real estate appraisers, and registered real estate appraiser trainees:

(1) nonrefundable application fee for initial

(A) certification, license, or registration, \$150;

(B) courtesy license, \$100;

(2) certification fee for all or part of the initial biennial certification period, \$350;

(3) biennial certification renewal fee, \$350;

(4) real estate appraiser trainee registration fee, \$150;

(5) real estate appraiser trainee renewal fee, \$150;

(6) courtesy license fee, \$150;

(7) course approval fee, \$400;

(8) annual federal registry fee, \$40.

Authority: AS 08.01.062 AS 08.87.110 AS 08.87.310
AS 08.01.065 AS 08.87.120

12 AAC 02.380. PAWNBROKERS. The following fees are established for pawnbrokers:

(1) nonrefundable application fee for initial license, \$200;

(2) license fee for all or part of the initial biennial licensing period, \$800;

(3) biennial license renewal fee, \$800.

Authority: AS 08.01.065 AS 08.76.110 AS 08.76.140

12 AAC 02.390. BEHAVIOR ANALYSTS. The following fees are established for behavior analysts and assistant behavior analysts:

(1) nonrefundable application fee for initial license, \$200;

(2) behavior analyst license fee for all or part of the initial biennial licensing period, \$250;

(3) behavior analyst biennial license renewal fee, \$250;

(4) assistant behavior analyst license fee for all or part of the initial biennial licensing period, \$150;

(5) assistant behavior analyst biennial license renewal fee, \$150;

(6) temporary license fee, \$100;

(7) nonrefundable fingerprint processing fee, \$60.

Authority: AS 08.01.010 AS 08.15.020 AS 08.15.080
AS 08.01.065

12 AAC 02.395. ATHLETIC TRAINERS. The following fees are established for athletic trainers:

- (1) nonrefundable application fee for initial license, \$200;
- (2) athletic trainer license fee for all or part of the initial biennial licensing period, \$500;
- (3) athletic trainer biennial license renewal fee, \$500.

Authority: AS 08.01.010 AS 08.07.020 AS 08.07.040
AS 08.01.065

12 AAC 02.396. BOARD OF MASSAGE THERAPISTS. The following fees are established for massage therapists:

- (1) nonrefundable application fee for initial license, \$200;
- (2) massage therapy license fee for all or part of the initial biennial licensing period, \$290;
- (3) massage therapy biennial license renewal fee, \$290;
- (4) nonrefundable fingerprint processing fee, \$60.

Authority: AS 08.01.010 AS 08.01.065 AS 08.61.090

ARTICLE 3. EXAMINATION REVIEW PROCEDURES.

Section

400. Examination review

12 AAC 02.400. EXAMINATION REVIEW. (a) The division will follow the examination review procedures established in this section unless the public or private organization that prepares and owns the examination has procedures for examination review that conflict with the procedures in this section. When there is a conflict, the division will follow the procedures of the public or private organization that prepares and owns the examination.

(b) An applicant who wishes to review a failed examination shall submit a written request, and the applicable examination review fee specified in this chapter, to the division within 30 days after the notice of examination results was mailed to the applicant.

(c) All examination reviews will be conducted in the presence of division staff or the division's designee at the time and location determined by the division. An examination review will not be conducted within 30 days of the next examination the applicant is scheduled to take.

(d) Only an applicant who has failed an examination may participate in the examination review and the applicant may review only his or her own examination.

(e) An applicant may use the same reference materials during an examination review that were allowed during the examination itself, but applicants may not use other materials or take notes or make copies of any kind. All materials brought to an examination review are subject to inspection by the division staff.

(f) An applicant may challenge questions on the examination by submitting the challenge in writing during the time allowed to conduct the examination review under (h) of this section. The written challenge to an examination question must include

- (1) the applicant's name;
- (2) the date of the examination;
- (3) the title of the examination;
- (4) the number of the question being challenged; and
- (5) a detailed explanation of the reason for the challenge.

(g) A challenge to an examination question will be reviewed by the division, licensing board, or the public or private organization administering the examination. If the division, licensing board, or public or private organization administering the examination sustains a challenge to an examination question, the department will give credit to the applicant for that question.

(h) To conduct the examination review, the division will allow the applicant challenging a question under (f) of this section one half of the length of time that was allowed for the taking of the examination being reviewed.

(i) Unless otherwise provided by an organization that provides or administers an examination for the division or the release is prohibited by law or contract, the division will provide an applicant who requests an examination review with the questions answered incorrectly on the failed examination and the answer that the applicant selected only. If the examination contains multiple choice questions, the applicant may be provided with all of the answer selections to each failed question without identification of the correct answers.

**ARTICLE 4.
REAL ESTATE ERRORS AND OMISSIONS INSURANCE.**

Section

- 510. Minimum standards**
- 520. Exceptions to coverage**
- 530. Standards for equivalent coverage**
- 540. Notification required for cancellation**
- 550. Maximum amount of premium**
- 560. Method of adjustment**
- 590. Definitions**

12 AAC 02.510. MINIMUM STANDARDS. (a) The master errors and omissions insurance policy must provide to each individual licensee, at a minimum, the following terms of coverage:

(1) not less than \$100,000 limit of liability for each licensee per covered wrongful act or per covered claim depending on the policy form used by the insurer; claims expenses including the cost for investigation or defense must be in addition to the limit of liability; if the limit of liability is on a

(A) covered wrongful act basis, two or more claims arising out of a single wrongful act or a series of related wrongful acts may be considered one claim;

(B) covered claim basis, two or more related wrongful acts may be considered one claim;

(2) an annual aggregate limit of liability of not less than \$300,000 per licensee;

(3) a deductible amount for each covered wrongful act of not more than \$5,000 for every \$300,000 annual aggregate limit of liability; an additional deductible for investigation and defense costs may be considered;

(4) an extended reporting period of 90 days and an option to purchase an additional three years extended reporting period for a premium not to exceed 200 percent of the premium charged for the last year of the terminating coverage;

(5) the ability of a licensee, upon payment of an additional premium, to obtain higher limits of coverage or to purchase additional coverages from the group insurer as may be available from the insurer;

(6) the coverage provided under the master errors and omissions insurance policy must be individual and specific to the licensee and must cover the licensee regardless of changes in real estate broker or changes in the business relationship between a real estate broker and the licensee; and

(7) prior acts coverage must be offered to a licensee who has maintained the same or similar coverage, continually in-force until the date and the time that coverage begins under the master errors and omissions insurance policy coverage.

(b) The master errors and omissions insurance policy must contain a provision requiring the consent of the insured to settle a claim except that the insured may not unreasonably withhold consent.

(c) The insurer that is selected to provide the master errors and omissions insurance policy shall

(1) maintain an A.M. Best rating of "B+" or better and financial size category of class VI or higher;

(2) maintain a certificate of authority issued under AS 21.09 by the director of insurance to transact insurance business in this state and be in compliance with AS 21;

(3) provide the master errors and omissions insurance policy after notification by the Real Estate Commission that it is the successful bidder of a competitive bidding process under AS 36.30;

(4) enter into contract to provide the master errors and omissions insurance policy in conformity with AS 08.88.172, 12 AAC 02.510 – 12 AAC 02.590, and AS 21; and

(5) collect premiums, maintain records, and report to the Real Estate Commission the names of those insured and prior claims experience if known, date of claim, amount paid, nature of claim, and claims information on a quarterly basis or an annual basis or on request by the Real Estate Commission.

Authority: AS 08.88.172

12 AAC 02.520. EXCEPTIONS TO COVERAGE. Except as provided in this section, the master errors and omissions insurance policy may not exclude coverage for claims brought against the insured licensee arising out of a wrongful act by the licensee when performing a professional service for which a real estate license is required. The policy may limit or exclude coverage for claims brought against a licensee that arise as follows:

(1) out of claims or lawsuits made or brought by any insured person against any other insured person within the same firm or from compensation disputes between licensees;

(2) out of loss assumed under a contract or an agreement, except for liability the insured would have had in the absence of the agreements;

(3) from a criminal, dishonest, fraudulent, or intentional act or omission; this exclusion does not apply to an insured person who did not personally participate in committing the act or omission and who, upon having

knowledge of the act or omission, reported it to the Real Estate Commission, or appropriate law enforcement authorities;

- (4) from unlawful discrimination committed by or for the insured person;
- (5) from fines or penalties imposed by a tribunal or other governmental agency;
- (6) from bodily injury, personal injury, advertising injury, or property damage;
- (7) from related business activities for which a license is not required under AS 08.88;
- (8) from the presence of or the actual, alleged, or threatened discharge, dispersal, release, or escape of hazardous materials, nuclear materials, or pollutants;
- (9) from prior wrongful acts unless specific prior wrongful acts coverage is provided;
- (10) from any violation of 15 U.S.C. 77a – 77aa (Securities Act of 1933) or 15 U.S.C. 78a – 78mm (Securities Exchange Act of 1934) or any state blue sky or securities law or similar state or federal statutes; or
- (11) other standard exclusions that are typical in a professional liability insurance policy and that have been approved by the director of insurance under AS 21.42;
- (12) from the insolvency of an insured person;
- (13) from any injury or damage that the insured had reason to expect; or
- (14) from the conversion, misappropriation, commingling, or defalcation of funds or other property.

Authority: AS 08.88.172

12 AAC 02.530. STANDARDS FOR EQUIVALENT COVERAGE. An insurer issuing equivalent coverage under AS 08.88.172(c)(2) shall hold a certificate of authority issued under AS 21.09. All activities contemplated under AS 08.88.172 must be covered. The insurance must meet the minimum coverage standards of 12 AAC 02.510, except that

(1) a policy with a higher deductible amount or self-insured retention will qualify as equivalent coverage for purposes of AS 08.88.172(c)(2) if, when applying to obtain or renew the license, the insured licensee provides the Real Estate Commission with

(A) an affidavit certifying that the insured licensee has the financial resources in set-aside funds to pay the higher deductible amount or self-insured retention; and

(B) a certificate of insurance from the insured licensee's insurer; and

(2) a broker employing other real estate licensees may comply with the requirements of 12 AAC 02.510(a)(1) and (2) by obtaining insurance with coverage of a minimum of \$300,000 per wrongful act and \$1,000,000 aggregate, if all licensees associated with the broker are covered.

Authority: AS 08.88.172

12 AAC 02.540. NOTIFICATION REQUIRED FOR CANCELLATION. If equivalent insurance coverage obtained by a licensee under AS 08.88.172(c)(2) is to lapse or not be renewed, the insurer shall notify the Real Estate Commission of the intent to lapse or not to renew a minimum of 30 days before the expiration date of the term. It is the responsibility of the broker or licensee, as applicable, to instruct the insurer to provide the notice required by this section to the Real Estate Commission with named licensees covered.

Authority: AS 08.88.172

12 AAC 02.550. MAXIMUM AMOUNT OF PREMIUM. The maximum amount of premium to be charged a licensee annually under the master errors and omissions insurance policy may not exceed \$2,500.

Authority: AS 08.88.172

12 AAC 02.560. METHOD OF ADJUSTMENT. Every three years after the initial procurement of the master errors and omissions insurance policy, the department may adjust the amount of coverage under 12 AAC 02.510(a). The department will not make an adjustment if the department finds the adjustment will significantly reduce the number of insurers willing to bid on a contract to offer the master errors and omissions insurance policy. An adjustment in the limits of liability under 12 AAC 02.510(a) must be an increment of no less than \$25,000. The department will give notice of the adjustments under this section by posting the amounts on its Internet website. An adjustment under this section does not take effect until the renewal or the issuance of a new master errors and omissions insurance policy.

Authority: AS 08.88.172

12 AAC 02.590. DEFINITIONS. In this chapter, unless the context requires otherwise,

(1) "aggregate limit" means the maximum liability of an insurer regardless of the number of claims during the policy term;

(2) "director of insurance" means the person appointed under AS 21.06.010 to head the division of insurance of this state;

(3) "equivalent coverage" means errors and omissions insurance coverage obtained independently of the master errors and omissions insurance policy available from the Real Estate Commission and that complies with the requirements, terms, and conditions as set out in 12 AAC 02.510 – 12 AAC 02.590;

(4) "errors and omissions insurance" means professional liability insurance that provides coverage to holders of active real estate brokers, associate brokers, and salespersons licensed in this state for wrongful acts made during the course of real estate transactions, subject to the coverages, limitations, and exclusions of one or more specific insurance policies in place;

(5) "extended reporting period" means a designated period of time after an errors and omissions insurance policy has expired during which a claim may be made and coverage triggered as if the claim has been made during the policy period;

(6) "master errors and omissions insurance policy" means the policy obtained by the Real Estate Commission under AS 08.88.172 that meets the requirements of 12 AAC 02.510 – 12 AAC 02.590.

(7) "prior acts coverage" means the insurance policy provides coverage for claims that are made during a current policy period, but one or more acts causing the claim or injuries for which the claim is made occurred before the inception of the current policy period;

(8) "wrongful act" means a negligent act, error, or omission.

Authority: AS 08.88.172

ARTICLE 5. TELEMEDICINE BUSINESS REGISTRY.

Section

600. Application for placement on the telemedicine business registry; changes of information

12 AAC 02.600. APPLICATION FOR PLACEMENT ON THE TELEMEDICINE BUSINESS REGISTRY; CHANGES OF INFORMATION. (a) To be registered on the telemedicine business registry established and maintained under AS 44.33.381, and before providing telemedicine services to a recipient located in this state, a business performing telemedicine services must submit to the department

(1) a complete registration on a form provided by the department; the registration must include the business's name, address, and contact information;

(2) a copy of the business's valid business license issued under AS 43.70 and 12 AAC 12; and

(3) the applicable fee established in 12 AAC 02.106.

(b) A business performing telemedicine services must register with the name it is using to perform telemedicine services in this state. A business operating under multiple names to perform telemedicine services shall file a separate registration for each name.

(c) If the name, address, or contact information of a business on the telemedicine business registry changes, the business performing telemedicine services must submit to the department, not later than 30 days after the change or termination,

(1) a complete report, on a form provided by the department, of each change; and

(2) the applicable fee established in 12 AAC 02.106.

(d) A business that fails to comply timely with (c) of this section may not perform telemedicine services in this state and must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(e) If a business terminates the performance of telemedicine services in this state, the business shall notify the department, requesting that the department remove the business from the telemedicine business registry. If a business gives notification under this subsection, the business must submit a new application under (a) of this section before resuming the provision of telemedicine services to a recipient located in this state.

(f) In this section, "telemedicine services" has the meaning given in AS 44.33.381.

Authority: AS 44.33.020 AS 44.33.381

ARTICLE 6.
GENERAL PROVISIONS.

Section

- 900. Name and address changes**
- 910. Abandoned applications**
- 920. Filing date**
- 930. Date of license lapse**
- 935. Effective date of license**
- 940. Effective date of renewed licenses**
- 950. (Repealed)**
- 955. Courtesy license**
- 960. Audit of compliance with continuing competency requirements**
- 965. Failure to meet continuing education requirements for renewal and reinstatement of license**
- 990. Definitions**

12 AAC 02.900. NAME AND ADDRESS CHANGES. (a) A person licensed, registered, or certified by a board or commission listed in AS 08.01.010, or in an occupation listed in AS 08.01.010, shall maintain a current, valid, mailing address on file with the division at all times. The latest mailing address on file with the division is the address that will be used for official communications, notifications, and service of legal process.

(b) A licensee must notify the division in writing, of a change of the licensee's address.

(c) If a licensee has a change of name, the licensee shall submit to the division within 30 days of the change of name

(1) notification of the change of the licensee's name, on a form provided by the division that has been completed by the licensee and notarized;

(2) a copy of the marriage certificate, court document, or other legal document verifying the change of name; and

(3) the fee established in 12 AAC 02.105 for a name change.

(d) The division will issue a new license showing the change of name if a licensee meets the requirements in (c) of this section.

Authority: AS 08.01.050 AS 08.01.080 AS 08.01.087

12 AAC 02.910. ABANDONED APPLICATIONS. (a) Except if procedures are otherwise expressly provided in this title for a particular board or occupation, an application is considered abandoned when

(1) 12 months have elapsed since correspondence was last received from or on behalf of the applicant; or

(2) the applicant has failed to appear for two successive examinations.

(b) An abandoned application is denied without prejudice and the application fee forfeited.

(c) At the time an application is considered abandoned, the division will send notification of abandonment to the last known address of the applicant. An applicant may request a refund of all unused examination and licensing fees credited to the application by submitting a written request for refund within 30 days from the date notification of abandonment was mailed by the division. If no request for refund is received, all fees are forfeited.

Authority: AS 08.01.050 AS 08.01.080

12 AAC 02.920. FILING DATE. (a) Except as otherwise provided in this title, a document submitted to the division will be considered filed as of the postmark date of the document. If the document is submitted by a method that does not provide a postmark date, the document will be considered filed as of the date stamped on the document,

(1) except as provided in (2) of this subsection, when it is received in the division office in Juneau;

(2) for a document related to licensing for nursing under 12 AAC 44 or real estate licensing under 12 AAC 64, when it is received in the division office in Anchorage.

(b) If a filing deadline established in AS 08 or this title falls on a Saturday, Sunday, or state holiday, the deadline will be extended to the next regular state business day.

(c) For the purposes of this section, "postmark date" means the date of a document with prepaid postage and correctly addressed to the division by the United States Postal Service or other established domestic courier service.

Authority: AS 08.01.050 AS 08.01.080

Editor's note: For the purposes of 12 AAC 02.920(a), the division of corporations, business and professional licensing office in the Department of Commerce, Community, and Economic Development, in Juneau is located at the State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska 99801 and the division office in Anchorage is located at the Atwood Building, 550 W. 7th Avenue, Suite 1500, Anchorage, Alaska 99501.

12 AAC 02.930. DATE OF LICENSE LAPSE. For the purposes of AS 08.01.100, if a person licensed by the department or by one of the boards or commissions under AS 08.01.010 was issued a temporary license under AS 14.43.148 or AS 25.27.244 and the temporary license was not converted to an annual or biennial license under AS 05.10, or AS 08, or AS 46.03.375, the lapsed period begins from the date that the temporary license expired.

Authority: AS 08.01.050 AS 08.01.080 AS 08.01.100

12 AAC 02.935. EFFECTIVE DATE OF LICENSE. (a) When the Alaska Commission on Postsecondary Education issues a notice of release, on or before the expiration date of the temporary license issued by the division under AS 14.43.148, the division will issue the initial license or renewal under AS 08 or AS 46.03.375. The effective date of the license is the date that the license is issued under AS 08 or AS 46.03.375, except as provided in 12 AAC 02.940(b).

(b) When the child support services agency issues a release, on or before the expiration date of the temporary license issued by the division under AS 25.27.244, the division will issue the initial license or renewal under AS 08 or AS 46.03.375. The effective date of the license is the date that the license is issued under AS 08 or AS 46.03.375, except as provided in 12 AAC 02.940(b).

Authority: AS 08.01.050 AS 08.01.080 AS 08.01.100

12 AAC 02.940. EFFECTIVE DATE OF RENEWED LICENSES. (a) Except as provided in (b) of this section, the effective date of a renewed license will be the date a complete renewal application is filed with the division as determined by 12 AAC 02.920. A complete application includes

- (1) a completed renewal form;
- (2) any applicable renewal fees required by this chapter; and
- (3) documentation of fulfillment of all applicable prerequisites to license renewal, such as continuing competency, recent experience, insurance coverage, or other requirements.

(b) The division will, in its discretion, show a retroactive effective date on a licensee's renewed license if the licensee

- (1) holds a license that has been lapsed less than 60 days;
- (2) requests in writing that the division issue a renewed license showing an effective date that is earlier than the date the renewed license was issued;
- (3) documents that the licensee was in substantial compliance with the renewal requirements in (a) of this section as of the requested effective date; and
- (4) establishes to the satisfaction of the division that the licensee made a good faith effort to strictly comply with the renewal requirements.

(c) The division will not issue a renewed license with an effective date that is earlier than the postmark date of the licensee's first written attempt to renew the licensee's license. "Written attempt to renew" means an effort by the licensee to submit the proper documentation to comply with the license renewal requirements. A request for a renewal application form alone does not constitute a "written attempt to renew."

Authority: AS 08.01.050 AS 08.01.100

12 AAC 02.950. APPLICATION DEADLINE FOR EXAMINATION FOR AN OPTOMETRY LICENSE.
Repealed 12/16/2001.

12 AAC 02.955. COURTESY LICENSE. (a) If an applicant meets the requirements of this section, the department will issue a courtesy license authorizing the holder to practice one of the following professions for the limited purpose recognized by the division:

- (1) acupuncturist under AS 08.06;
- (2) audiologist under AS 08.11;
- (3) electrical administrator or mechanical administrator under AS 08.40;
- (4) funeral director or embalmer under AS 08.42;
- (5) naturopath under AS 08.45.

(b) A courtesy license issued under (a) of this section authorizes the holder to practice the profession or occupation for which the license is issued for a limited purpose recognized by the division under (f) of this section. A courtesy license does not authorize the holder to practice the profession outside the scope of the limited purpose for which the courtesy license is issued.

(c) An applicant for a courtesy license issued under (a) of this section shall submit to the department

- (1) a completed application on a form provided by the department;
- (2) the fee established in 12 AAC 02.105 for a courtesy license;
- (3) a sworn statement, signed by the applicant before a notary, that the applicant is not a resident of this state;
- (4) verification of a current license in another licensing jurisdiction to practice the profession for which a courtesy license is requested; the license in that jurisdiction must be active, in good standing, and cover the scope of the practice required for the limited purpose of the courtesy license;

(5) a description of the limited purpose of the courtesy license and the applicant's intended scope of practice under the courtesy license; and

(6) a sworn statement, signed by the applicant before a notary, that the applicant has not previously been denied a license or had a license revoked in this or another state or other licensing jurisdiction for the profession that the courtesy license is sought.

(d) A courtesy license issued under (a) of this section is valid for no more than 90 consecutive days. The department will not issue more than two courtesy licenses for the profession to an individual within a consecutive eighteen-month period.

(e) The holder of a courtesy license issued under (a) of this section is obligated to uphold the standards of practice identified in AS 08 and in this title for the relevant profession and is subject to the relevant disciplinary provisions in AS 08 and this title.

(f) The department will recognize the following limited purposes for a courtesy license issued under (a) of this section:

(1) provision of professional services in an emergency situation specifically recognized by the department; the department will, in its discretion, restrict the license to cover only the professional services required to respond to the emergency situation, if the department finds that the courtesy license is only needed for this purpose;

(2) instruction or provision of professional services at a clinic or seminar focused on a subject in which the applicant for a courtesy license is a specialist.

Authority: AS 08.01.050 AS 08.01.080 AS 08.02.030

12 AAC 02.960. AUDIT OF COMPLIANCE WITH CONTINUING COMPETENCY REQUIREMENTS.

(a) Except as provided in (b) - (j) of this section, the department will audit compliance of licenses with continuing competency requirements in accordance with this section if

- (1) the licensee is required to meet continuing competency requirements under AS 08 or this title;
- (2) repealed 9/29/2005;
- (3) repealed 9/29/2005.

(b) A licensee subject to audit under (a) of this section and applying for license renewal shall

- (1) complete and sign a statement of compliance with continuing competency requirements; and
- (2) submit the statement to the department with the application for license renewal.

(c) Except as provided in (d) of this section, the department will select licensees for audit under (a) of this section as follows:

- (1) ten percent of the total number of licensees in that profession if the total number of licensees is less than 3,000; or
- (2) five percent of the total number of licensees in that profession if the total number of licensees is 3,000 or more.

(d) The department will require that a different percent of licensees be selected for audit, if the board that regulates the profession, or the department for a profession not regulated by a board or commission, finds that a different percent to be audited is necessary to protect public health and safety.

(e) A licensee selected for audit under (c) or (d) of this section will be notified by the department. Within 30 days of notification, the licensee shall submit to the department, documentation to verify completion of the continuing competency activities claimed on the statement submitted with the application for license renewal. The documentation must include a valid copy of a certificate or similar verification of satisfactory completion of the continuing competency activities claimed that provides

- (1) the name of the licensee;
- (2) the amount of continuing competency credit awarded;
- (3) a description of the continuing competency activity;
- (4) the dates of actual participation or successful completion; and
- (5) the name, mailing address and signature of the instructor, sponsor, or other verifier.

(f) A licensee subject to audit under (a) of this section is responsible for maintaining adequate and detailed records of all continuing competency activities completed and shall make the records available to the department on request. A licensee shall maintain the records until the later of

- (1) four years from the date of completion of the continuing competency activity; or
- (2) if the licensee was selected for audit, the date that the department notifies the licensee that the audit is completed.

(g) The department will extend the period for providing documentation of completion of continuing competency activities if the department finds that the licensee has good cause for the need for additional time to submit the documentation required in (e) of this section.

(h) The department will notify the respective board of a licensee's failure to comply with the department's request for records under (e) of this section.

(i) For professions licensed by the department, the department will consider the licensee's failure to comply with the department's request for records under (e) of this section as grounds for imposition of disciplinary sanctions to the extent allowed under AS 08 and this title.

(j) In this section, “successful completion” means the date that credit for the continuing competency activity is awarded by the instructor, sponsor, or other verifier for completion of the activity.

Authority: AS 08.01.050 AS 08.01.087 AS 08.01.100
AS 08.01.080

12 AAC 02.965. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REINSTATEMENT OF LICENSE. (a) Except as otherwise provided in AS 08 or this title, a license issued under AS 08 will not be renewed or reinstated if the applicant for renewal or reinstatement has not earned the required number of continuing education credits. The applicant may earn the required number of credits after the expiration date of the license. Continuing education credits earned to reinstate or renew an expired license may not be used to satisfy the continuing education requirements for a future renewal or reinstatement. Credits submitted to satisfy the continuing education requirements under this section must be approved under AS 08 and this title by the department or the applicable board.

(b) For the purposes of this section, “continuing education credits” includes continuing competency, contact hours, continuing education units (CEU’s), and credit hours.

Authority: AS 08.01.050 AS 08.01.080 AS 08.01.100

12 AAC 02.990. DEFINITIONS. As used in this chapter

- (1) “department” means the Department of Commerce, Community, and Economic Development;
- (2) “division” means the division assigned occupational licensing functions in the Department of Commerce, Community, and Economic Development;
- (3) “license” means a license, certificate, permit, registration, or similar evidence of authority issued by the division or by one of the boards listed in AS 08.01.010;
- (4) “licensee” means a person who holds a license issued by the division or by one of the boards listed in AS 08.01.010.

Authority: AS 08.01.050 AS 08.01.080 AS 08.01.100

APPENDIX

**Fees for Certification of
Underground Storage Tank Workers**

18 AAC 78.495. FEES. (a) The following fees are established for purposes of this chapter:

- (1) application fee, \$75;
- (2) certification fee for each category for which an applicant seeks certification, \$130;
- (3) certification fee for each category for which an applicant seeks renewal, \$130;
- (4) duplicate certificate fee, \$5; and
- (5) reciprocity certification fee for each category for which an applicant seeks certification through reciprocity, \$130.

(b) An applicant shall submit a fee required under this section to the division at the time of application, renewal, or request for duplicate certificate.

Authority: AS 46.03.375

Statutes and Regulations
Dentists and
Dental Hygienists

January 2019



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

***DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING***

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CHAPTER 32.
DENTAL HYGIENISTS AND ASSISTANTS.

Article

- 1. Examination and Licensing of Dental Hygienists**
(§ 08.32.010—§ 08.32.095)
- 2. Regulation of Dental Hygienists**
(§ 08.32.110—§ 08.32.180)
- 3. General Provisions** (§ 08.32.185—§ 08.32.190)

ARTICLE 1.
EXAMINATION AND LICENSING OF DENTAL HYGIENISTS.

Section.

- 10. License required**
- 14. Qualifications for license**
- 30. Licensure by credentials**
- 70. Licensing of dental hygienists**
- 71. Renewal of license**
- 81. Lapse and reinstatement of license**
- 85. Restorative function license endorsement**
- 95. Exemption from license requirement**

Sec. 08.32.010. License required. Except as provided in AS 08.32.095, a person may not practice, offer or attempt to practice, or advertise or announce as being prepared or qualified to practice dental hygiene without a license.

Sec. 08.32.014. Qualifications for license. (a) An applicant for a license to practice dental hygiene shall

(1) provide evidence to the board that the applicant

(A) has successfully completed an academic program in dental hygiene of at least two years duration that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association and is approved by the board;

(B) has passed a written theory examination of the American Dental Association Joint Commission on National Dental Examinations or an equivalent examination approved by the board;

(C) has successfully passed a state or regional dental hygiene clinical examination approved by the board;

(D) has not had a license to practice dental hygiene revoked, suspended, or voluntarily surrendered in this state or another state;

(E) is not the subject of an adverse decision based on a complaint, investigation, review procedure, or other disciplinary proceeding within the five years immediately preceding application or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding undertaken by a state, territorial, local, or federal dental licensing jurisdiction;

(F) is not the subject of an unresolved or adverse decision based on a complaint, investigation, review procedure, or other disciplinary proceeding undertaken by a state, territorial, local, or federal dental licensing jurisdiction or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that adversely reflects on the applicant's ability or competence to practice as a dental hygienist or on the safety or well-being of patients;

(G) is not the subject of an adverse report from the National Practitioner Data Bank or the American Association of Dental Boards Clearinghouse for Board Actions that relates to criminal or fraudulent activity or dental malpractice;

(H) is not impaired to an extent that affects the applicant's ability to practice as a dental hygienist;

(I) has not been convicted of a crime that adversely reflects on the applicant's ability or competency to practice as a dental hygienist or that jeopardizes the safety or well-being of a patient; and

(2) meet the other qualifications for a license established by the board by regulation.

(b) An applicant for a license to practice dental hygiene may be interviewed in person by the board or a designee of the board. The interview must be recorded. If the application is denied on the basis of the interview, the denial shall be stated in writing, with the reasons for it, and the record shall be preserved.

Sec. 08.32.020. Examination required. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.030. Licensure by credentials. The board may provide for the licensing without examination of a dental hygienist who

(1) meets the criteria of AS 08.32.014;

(2) submits proof of continued competence as specified in regulations adopted by the board;

(3) is currently licensed to practice dental hygiene in another state or territory of the United States; and

(4) pays the fees established under AS 08.01.065.

Sec. 08.32.035. Temporary License. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.040. Application and fee. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.060. Frequency and content of examination. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.070. Licensing of dental hygienists. The board shall issue each successful applicant a license upon payment of all required fees.

Sec. 08.32.071. Renewal of license. At least 60 days before expiration of a dental hygienist's license, the Department of Commerce, Community, and Economic Development shall notify the licensed dental hygienist. Each licensee who wishes to renew a dental hygienist's license shall submit a completed license renewal form, the appropriate fee, and evidence of continued professional competence as required by the board. The Department of Commerce, Community, and Economic Development shall, as soon as practicable, issue a dental hygienist license valid for a stated number of years. Failure to receive notification from the department under this section does not exempt a licensee from renewing the licensee's dental hygienist license.

Sec. 08.32.081. Lapse and reinstatement of license. A licensed dental hygienist who does not pay the renewal fee under AS 08.32.071 forfeits the hygienist's license. The board may reinstate the license without examination within two years of the date on which payment was due upon written application, proof of continued professional competence, and payment of all unpaid renewal fees and any penalty fee established under AS 08.01.100(b).

Sec. 08.32.085. Restorative function license endorsement. (a) The board shall issue a restorative function endorsement to a licensed dental hygienist if the licensee furnishes evidence satisfactory to the board that the licensee has

(1) successfully completed a course offered by or under the auspices of a program accredited by the Commission on Dental Accreditation of the American Dental Association or other equivalent course or program approved by the board; and

(2) passed the Western Regional Examining Board's restorative examination or other equivalent examination approved by the board within the five years preceding the licensee's endorsement application, or the licensee is licensed, certified, or otherwise permitted in another state or United States territory to perform restorative functions.

(b) An endorsement issued under this section authorizes a licensed dental hygienist under the direct supervision of a licensed dentist to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

(c) The board may by regulation establish renewal and continuing education requirements for an endorsement under this section.

Sec. 08.32.095. Exemption from license requirement. (a) A person enrolled as a student in an accredited dental hygiene program may perform dental hygiene procedures as part of a course of study without a license if

(1) the procedures are performed under the

(A) general supervision of a member of the faculty who is licensed under AS 08.36, and under the direct or indirect supervision of a member of the faculty who is licensed under this chapter; or

(B) direct or indirect supervision of a member of the faculty who is licensed under AS 08.36; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dental hygiene under (a) of this section is subject to all other provisions of this chapter and laws and regulations that apply to the practice of dental hygiene by a licensed dental hygienist.

Sec. 08.32.097. Fees. *[Repealed, Sec. 40 ch 53 SLA 2012].*

ARTICLE 2.
REGULATION OF DENTAL HYGIENISTS.

Section

- 110. Scope of practice of dental hygienists**
- 115. Collaborative agreements**
- 160. Grounds for discipline, suspension or revocation of license**
- 165. Limits or conditions on license; discipline**
- 171. Disciplinary sanctions**
- 180. Penalty for violations**

Sec. 08.32.100. Employment of dental hygienists. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.110. Scope of practice of dental hygienists. (a) The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public. A person licensed to practice the profession of dental hygiene in the state may,

- (1) under the general supervision of a licensed dentist,
 - (A) perform preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan;
 - (B) remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;
 - (C) remove marginal overhangs;
 - (D) use local periodontal therapeutic agents;
 - (E) perform nonsurgical periodontal therapy;
 - (F) perform other dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section;
 - (G) if certified by the board, administer local anesthetic agents; and
 - (2) if certified by the board and under the direct or indirect supervision of a licensed dentist, administer and monitor nitrous oxide-oxygen conscious sedation.
- (b) The board shall specify by regulation those additional functions that may be performed by a licensed dental hygienist only upon successful completion of a formal course of instruction approved by the board. The board shall adopt regulations specifying the education requirements, evaluation procedures, and degree of supervision required for each function.
- (c) This section does not authorize delegation of
- (1) dental diagnosis, comprehensive treatment planning, and writing prescriptions for drugs; writing authorizations for restorative, prosthetic, or orthodontic appliances;
 - (2) operative or surgical procedures on hard or soft tissues; or
 - (3) other procedures that require the professional competence and skill of a dentist.
- (d) *[Repealed, Sec. 8 ch 111 SLA 2008].*
- (e) This section does not prohibit a licensed dental hygienist
- (1) with an endorsement issued under AS 08.32.085 from performing the activities authorized under AS 08.32.085;
 - (2) who has entered into a collaborative agreement approved by the board under AS 08.32.115 from performing the activities authorized under the collaborative agreement; or
 - (3) from performing a dental operation, procedure, or service a dentist may delegate to a dental assistant under AS 08.36.346.

Sec. 08.32.115. Collaborative agreements. (a) If the collaborative agreement is approved by the board under (d) of this section, a licensed dental hygienist with a minimum of 4,000 documented hours of clinical experience within the five years preceding application for the board's approval may enter into a collaborative agreement with a licensed dentist in which the licensed dentist authorizes the licensed dental hygienist to perform one or more of the following:

- (1) oral health promotion and disease prevention education;
- (2) removal of calcareous deposits, accretions, and stains from the surfaces of teeth;
- (3) application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
- (4) polishing and smoothing restorations;
- (5) removal of marginal overhangs;
- (6) preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan;
- (7) the exposure and development of radiographs;
- (8) use of local periodontal therapeutic agents; and
- (9) performance of nonsurgical periodontal therapy, with or without the administration of local anesthesia, subsequent to a licensed dentist's authorization or diagnosis as specified in the licensed hygienist's collaborative agreement.

(b) The services described in (a) of this section may be performed under a collaborative agreement approved by the board

(1) without the presence of the licensed dentist;

(2) in a setting other than the usual place of practice of the licensed dentist; and

(3) without the dentist's diagnosis and treatment plan unless otherwise specified in the collaborative agreement or in (a) of this section.

(c) The board shall adopt regulations regarding approval of collaborative agreements between licensed dental hygienists and licensed dentists.

(d) The board may approve a collaborative agreement between a licensed dentist and a licensed dental hygienist. However, the board may not approve more than five collaborative agreements with a licensed dentist, not including any collaborative agreements that have been terminated. A licensed dental hygienist shall notify the board of the termination of a collaborative agreement with a licensed dentist.

Sec. 08.32.120. Place of employment. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.130. Information required. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.140. Supervision required. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.32.150. Revocation of dentist's license. *[Repealed, Sec. 32 ch 49 SLA 1980. For current law, see AS 08.36.315].*

Sec. 08.32.160. Grounds for discipline, suspension or revocation of license. The board may revoke or suspend the license of a dental hygienist, or may reprimand, censure, or discipline a licensee, if, after a hearing, the board finds that the licensee

(1) used or knowingly cooperated in deceit, fraud, or intentional misrepresentation to obtain a license, certificate, or endorsement;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing or billing for professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) failed to comply with this chapter, with a regulation adopted under this chapter or under AS 08.36, or with an order of the board;

(6) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or dependence on alcohol or other drugs that impairs the licensee's ability to practice safely;

(C) physical or mental disability;

(7) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;

(8) performed clinical procedures without being under the supervision of a licensed dentist;

(9) did not conform to professional standards in delivering dental hygiene services to patients regardless of whether actual injury to the patient occurred.

Sec. 08.32.165. Limits or conditions on license; discipline. (a) In addition to action under AS 08.32.160, upon a finding that by reason of demonstrated problems of competence, experience, education or health the authority to practice dental hygiene should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

(b) *[Repealed by Sec. 15 ch 59 SLA 1978].*

Sec. 08.32.171. Disciplinary sanctions. (a) *[Repealed, Sec. 49 ch 94 SLA 1987].*

(b) *[Repealed, Sec. 49 ch 94 SLA 1987].*

(c) The board may summarily suspend the license of a licensee who refuses to submit to a physical or mental examination under AS 08.36.070(b)(1). A person whose license is suspended under this section is entitled to a hearing by the board within seven days after the effective date of the order. If, after a hearing, the board upholds the suspension, the licensee may appeal the suspension to a court of competent jurisdiction.

(d) *[Repealed, Sec. 49 ch 94 SLA 1987].*

(e) *[Repealed, Sec. 49 ch 94 SLA 1987].*

Sec. 08.32.180. Penalty for violations. (a) A person who violates a provision of this chapter or a regulation adopted under this chapter for which a penalty is not otherwise provided is guilty of a class B misdemeanor.

(b) Notwithstanding AS 08.01.075(a)(8), the board may impose a civil fine not to exceed \$25,000 for each violation of this chapter or a regulation adopted under this chapter.

**ARTICLE 3.
GENERAL PROVISIONS.**

Section

185. Application of Administrative Procedure Act

187. Application of chapter

190. Definitions

Sec. 08.32.185. Application of Administrative Procedure Act. The Administrative Procedure Act (AS 44.62) applies to any action taken by the board under this chapter.

Sec. 08.32.187. Application of chapter. (a) This chapter applies to a person who practices, or offers or attempts to practice, as a dental hygienist in the state except

- (1) a dental hygienist in the military service in the discharge of official duties;
- (2) a dental hygienist in the employ of the United States Public Health Service, United States Department of Veterans Affairs, United States Indian Health Service, or another agency of the federal government, in the discharge of official duties;
- (3) a dental hygienist licensed in another state or jurisdiction who is teaching or demonstrating clinical techniques at a meeting, seminar, or limited course of instruction sponsored by a dental or dental auxiliary society or association or by an accredited dental or dental auxiliary educational institution;
- (4) a dental hygienist employed in the state by an Indian health program, as that term is defined in 25 U.S.C. 1603, while providing dental hygiene services to a person the Indian health program is entitled to serve under 25 U.S.C. 450 et seq. (Indian Self-Determination and Education Assistance Act), as amended, and 25 U.S.C. 1601 et seq. (Indian Health Care Improvement Act), as amended.

(b) A person excepted from this chapter under (a) of this section shall be held to the same standard of care as a person covered by this chapter.

Sec. 08.32.190. Definitions. In this chapter,

- (1) "board" means the Board of Dental Examiners;
- (2) "direct supervision" means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental hygienist;
- (3) "general supervision" means the dentist has authorized the procedures and they are being carried out in accordance with the dentist's diagnosis and treatment plan;
- (4) "indirect supervision" means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental hygienist;
- (5) "licensed dental hygienist" means a dental hygienist licensed under this chapter;
- (6) "licensed dentist" means a dentist licensed under AS 08.36.

**CHAPTER 36.
DENTISTRY.**

Article

- 1. Board of Dental Examiners**
(§ 08.36.010—§ 08.36.091)
- 2. Examination and Licensing**
(§ 08.36.100—§ 08.36.250)
- 3. Unlawful Acts** (§ 08.36.315—§ 08.36.340)
- 4. Dental Assistants** (§ 08.36.342—§ 08.36.349)
- 5. General Provisions** (§ 08.36.350—§ 08.36.370)

**ARTICLE 1.
BOARD OF DENTAL EXAMINERS.**

Section

- 10. Creation and membership of board; oath; seal**
- 25. Suspension of board members**
- 30. Election and term of officers**
- 40. Meetings**
- 50. Quorum**
- 61. Reimbursement for expenses**
- 70. General powers**
- 73. Investigator**
- 75. Dental radiological equipment**
- 80. Applicability of Administrative Procedure Act**
- 91. Records and reports**

Sec. 08.36.010. Creation and membership of board; oath; seal. (a) There is created the Board of Dental Examiners consisting of nine members. Six members shall be licensed dentists who have been engaged in the practice of dentistry in the state for five years immediately preceding appointment, two members shall be dental hygienists licensed under AS 08.32 who have been engaged in the practice of dental hygiene in the state for five years immediately preceding appointment, and one member shall be a public member who does not have a direct financial interest in the health care industry.

(b) When making appointments of dentists and dental hygienists under (a) of this section, the governor may consider licensed dentists who have been nominated by the Alaska Dental Society and licensed dental hygienists who have been nominated by the Alaska State Dental Hygienists' Association.

(c) Each member shall take an oath of office. The president or secretary elected under AS 08.36.030 may administer oaths. The oath shall be filed and preserved in the department.

(d) The board shall adopt a seal.

Sec. 08.36.025. Suspension of board members. A member against whom an accusation has been filed under AS 44.62 for violation of AS 08.32.160 or AS 08.36.315 is suspended from the board until the decision of the board on the accusation takes effect under AS 44.62.520.

Sec. 08.36.030. Election and term of officers. (a) The board shall elect from among its members

- (1) a president who is a licensed dentist or licensed dental hygienist; and
- (2) a secretary.

(b) Officers elected under (a) of this section serve for a term not to exceed two years.

Sec. 08.36.040. Meetings. The board shall meet at the call of the president at least four times annually and at other times necessary to conduct its business. In the absence of a call of the president, a majority of the board may call a meeting.

Sec. 08.36.050. Quorum. A majority of the board constitutes a quorum for the transaction of business.

Sec. 08.36.061. Reimbursement for expenses. Board members are entitled to per diem and travel expenses authorized for boards and commissions under AS 39.20.180. The department shall reimburse a member for other actual, reasonable expenses incurred in carrying out duties as a board member.

Sec. 08.36.070. General powers. (a) The board shall

(1) provide for the examination of applicants and the credentialing, registration, and licensure of those applicants it finds qualified;

- (2) maintain a registry of licensed dentists, licensed dental hygienists, and registered dental assistants who are in good standing;
- (3) affiliate with the American Association of Dental Boards and pay annual dues to the association;
- (4) hold hearings and order the disciplinary sanction of a person who violates this chapter, AS 08.32, or a regulation of the board;
- (5) supply forms for applications, licenses, permits, certificates, registration documents, and other papers and records;
- (6) enforce the provisions of this chapter and AS 08.32 and adopt or amend the regulations necessary to make the provisions of this chapter and AS 08.32 effective;
- (7) adopt regulations ensuring that renewal of a license, registration, or certificate under this chapter or a license, certificate, or endorsement under AS 08.32 is contingent on proof of continued professional competence; the regulations must require that a licensee receive not less than two hours of education in pain management and opioid use and addiction in the two years preceding an application for renewal of a license, unless the licensee has demonstrated to the satisfaction of the board that the licensee does not currently hold a valid federal Drug Enforcement Administration registration number;
- (8) at least annually, cause to be published on the Internet and in a newspaper of general circulation in each major city in the state a summary of disciplinary actions the board has taken during the preceding calendar year;
- (9) issue permits or certificates to licensed dentists, licensed dental hygienists, and dental assistants who meet standards determined by the board for specific procedures that require specific education and training;
- (10) require that a licensed dentist who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

(b) The board may

- (1) order a licensed dentist or licensed dental hygienist to submit to a reasonable physical or mental examination if the dentist's or the dental hygienist's physical or mental capacity to practice safely is at issue;
- (2) authorize a designee of the board or the board's investigator to inspect the practice facilities or patient or professional records of a dentist at reasonable times and in a reasonable manner to monitor compliance with this chapter and with AS 08.32; and
- (3) delegate the board's powers to act, hear, and decide matters as authorized by AS 44.62.

Sec. 08.36.073. Investigator. After consulting with the board, the department shall employ a person who is not a member of the board as the investigator for the board. The investigator shall

- (1) conduct investigations into alleged violations of this chapter and into alleged violations of regulations and orders of the board;
- (2) at the request of the board, conduct investigations based on complaints filed with the department or with the board; and
- (3) be directly responsible and accountable to the board, except that only the department has authority to terminate the investigator's employment and the department shall provide day-to-day and administrative supervision of the investigator.

Sec. 08.36.075. Dental radiological equipment. (a) The board shall establish standards that comply with applicable federal law for the registration, use, and inspection of dental radiological equipment, including standards for record keeping relating to the control panels and the use of the equipment. The board may charge a fee for dental radiological equipment registered under this section.

- (b) *[Repealed, Sec. 40 ch 53 SLA 2012].*
- (c) *[Repealed, Sec. 40 ch 53 SLA 2012].*
- (d) *[Repealed, Sec. 40 ch 53 SLA 2012].*
- (e) *[Repealed, Sec. 40 ch 53 SLA 2012].*
- (f) In this section, "dental radiological equipment" means equipment for use in the practice of dentistry, consisting of a control panel and associated tube heads, if the equipment emits electronic product radiation, as defined in AS 18.60.545, or uses radionuclides, as defined in AS 18.60.545.

Sec. 08.36.080. Applicability of Administrative Procedure Act. The board shall comply with the Administrative Procedure Act (AS 44.62).

Sec. 08.36.091. Records and reports. The board shall maintain

- (1) a record of its proceedings;
- (2) a registry containing the name, office and home addresses, and other information considered necessary by the board of each person licensed as a dentist or dental hygienist or registered as a dental assistant, a registry of the licenses, certificates, registrations, and endorsements revoked by the board, and information on the status of each licensee and each registered dental assistant.

ARTICLE 2.
EXAMINATION AND LICENSING.

Section

- 100. License required**
- 110. Qualifications for license; interview**
- 234. Licensure by credentials**
- 238. Exemption from license requirement**
- 240. Issuance and display of license**
- 250. License renewal, lapse, and reinstatement**
- 254. Temporary permit to substitute for an incapacitated dentist**

Sec. 08.36.100. License required. Except as provided in AS 08.36.238 and 08.36.254, a person may not practice, or attempt to practice, dentistry without a license.

Sec. 08.36.110. Qualifications for license; interview. (a) An applicant for a license to practice dentistry shall

- (1) provide certification to the board that the applicant
 - (A) is a graduate of a dental school that, at the time of graduation, is approved by the board;
 - (B) has successfully passed a written examination approved by the board;
 - (C) has not had a license to practice dentistry revoked, suspended, or voluntarily surrendered in this state or another state;
 - (D) is not the subject of an adverse decision based on a complaint, investigation, review procedure, or other disciplinary proceeding within the five years immediately preceding application, or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction;
 - (E) is not the subject of an unresolved or an adverse decision based on a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that adversely reflects on the applicant's ability or competence to practice dentistry or on the safety or well-being of patients;
 - (F) is not the subject of an adverse report from the National Practitioner Data Bank or the American Association of Dental Boards Clearinghouse for Board Actions that relates to criminal or fraudulent activity, or dental malpractice;
 - (G) is not impaired to an extent that affects the applicant's ability to practice dentistry;
 - (H) has not been convicted of a crime that adversely reflects on the applicant's ability or competency to practice dentistry or that jeopardizes the safety or well-being of a patient;
- (2) pass, to the satisfaction of the board, written, clinical, and other examinations administered or approved by the board; and
- (3) meet the other qualifications for a license established by the board by regulation, including education in pain management and opioid use and addiction in the two years preceding the application for a license, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; approved education may include dental school coursework.

(b) An applicant for licensure may be interviewed in person by the board or by a member of the board before a license is issued. The interview must be recorded. If the application is denied on the basis of the interview, the denial shall be stated in writing, with the reasons for it, and the record shall be preserved.

Sec. 08.36.114. Qualifications for acupuncture applicants. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.36.115. Malpractice insurance. *[Repealed, Sec. 40 ch 177 SLA 1978].*

Sec. 08.36.120, 08.36.130. Signing, photograph, and filing date of application; Examination. *[Repealed, Sec. 8 ch 47 SLA 2005].*

Sec. 08.36.160. Contents of examination. *[Repealed, Sec. 8 ch 47 SLA 2005].*

Sec. 08.36.170. Partial examination. *[Repealed, Sec. 40 ch 100 SLA 1984].*

Sec. 08.36.180, 08.36.190. Reexamination; Grading of examination. *[Repealed, Sec. 8 ch 47 SLA 2005].*

Sec. 08.36.200. Waiver of written examination. *[Repealed, Sec. 40 ch 100 SLA 1984].*

Sec. 08.36.210. - 08.36.220. Waiver of examination and issuance of license by reciprocity. *[Repealed, Sec. 32 ch 49 SLA 1980. For current law, see AS 08.36.234].*

Sec. 08.36.230. Practice outside the state. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.36.234. Licensure by credentials. (a) The board may waive the examination requirement and license by credentials if the dentist applicant meets the requirements of AS 08.36.110, submits proof of continued competence as required by regulation, pays the required fee, and has

(1) an active license from a board of dental examiners established under the laws of a state or territory of the United States issued after thorough examination; or

(2) passed an examination as specified by the board in regulations.

(b) A dentist applying for licensure without examination is responsible for providing to the board all materials required by the board to implement this section to establish eligibility for a license without examination. In addition to the grounds for revocation of a license under AS 08.36.315, the board may revoke a license issued without examination upon evidence of misinformation or substantial omission.

(c) The board shall adopt regulations necessary to implement this section including the form and manner of certification of qualifications under this section.

(d) A dentist applying for licensure without examination shall be interviewed in person by the board or by a member of the board before a license is issued. The interview must be recorded. If the application is denied on the basis of the interview, the denial shall be stated in writing, with the reasons for it, and the record shall be preserved.

Sec. 08.36.238. Exemption from license requirement. (a) A person enrolled as a student in an accredited school of dentistry may perform procedures as part of a course of study without a license if

(1) the procedures are performed under the direct supervision of a member of the faculty who is licensed under this chapter, or under the direct supervision of a team of licensed faculty dentists, at least one of whom is licensed under this chapter; and

(2) the clinical program has received written approval from the board.

(b) A person practicing dentistry under (a) of this section is subject to all other provisions of this chapter and to other laws and regulations which apply to the practice of dentistry.

Sec. 08.36.240. Issuance and display of license. The board shall issue a license to each successful dentist applicant who has paid the required fees. The licensee shall display the license in a conspicuous place where the licensee practices.

Sec. 08.36.244. License to practice as specialist required. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.36.246. - 08.36.248. Qualification for a specialist license; limitation of special practice; suspension or revocation of specialty licenses. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.36.250. License renewal, lapse, and reinstatement. (a) At least 60 days before expiration of a license issued under this chapter, the department shall notify the licensed dentist. A licensee who wishes to renew a license shall submit a completed license renewal form, the appropriate fee, and evidence of continued professional competence as required by the board. The department shall, as soon as practicable, issue a new license valid for a stated number of years. Failure to receive notification from the department under this subsection does not exempt a licensee from renewing a license to practice dentistry under this chapter.

(b) When applying for license renewal, a dentist shall report to the board each instance during the prior registration period in which the quality of the licensee's professional services was the subject of legal action.

(c) A licensed dentist who does not pay the license renewal fee forfeits the dentist's license. The board may reinstate the license without examination within two years after the date on which payment was due upon written application, proof of continued professional competence, and payment of all unpaid renewal fees and any penalty fee established under AS 08.01.100(b).

Sec. 08.36.254. Temporary permit to substitute for an incapacitated dentist. (a) The board may issue a temporary permit to practice dentistry to a dentist for the purpose of substituting for an incapacitated dentist licensed in this state.

(b) A dentist applying for a temporary permit under (a) of this section shall

(1) hold an active license from a board of dental examiners established under the laws of a state or territory of the United States issued after thorough examination;

(2) pay the required fee; and

(3) meet other qualifications for a temporary permit established by regulation.

(c) A temporary permit issued under this section is valid only to treat patients of the incapacitated dentist at an address listed on the business license of the incapacitated dentist.

(d) The fee for a permit issued under this section is one-fourth of the fee for a biennial license plus the appropriate application fee.

(e) The board may not issue a temporary permit under this section if another dentist licensed under this chapter may reasonably substitute for the incapacitated dentist.

(f) A temporary permit issued under this section is initially valid for 90 consecutive calendar days. Upon request of a permittee, the board shall extend a permit issued under this section for 60 calendar days if, before the expiration of the initial 90-day permit, the permittee submits to the board a completed application form and the fee required under this chapter, except that the board may refuse to grant a request for an extension for the same reasons the board may revoke a license under AS 08.36.315. Permits and extensions of permits issued to a permittee under this section are not valid for more than 240 calendar days during any consecutive 24 months.

(g) The board may extend a permit issued under this section for a period that exceeds the limit established in (f) of this section if the board determines that the extension is necessary to provide essential dental services and the board has received a clearance report from the

- (1) National Practitioner Data Bank; and
- (2) United States Drug Enforcement Administration.

(h) In this section, "incapacitated" means impaired by a health condition that renders a dentist unable to practice dentistry for more than 30 days.

Sec. 08.36.260. Branch office registration. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.36.271. Permits for isolated areas. *[Repealed, Sec. 40 ch 53 SLA 2012].*

Sec. 08.36.290. Fees. *[Repealed, Sec. 40 ch 53 SLA 2012].*

ARTICLE 3. UNLAWFUL ACTS.

Section

- 315. Grounds for discipline, suspension or revocation of license**
- 317. Civil fine authority**
- 320. Summary license suspension**
- 340. Penalties**

Sec. 08.36.315. Grounds for discipline, suspension or revocation of license. The board may revoke or suspend the license of a dentist, or may reprimand, censure, or discipline a dentist, or both, if the board finds, after a hearing, that the dentist

- (1) used or knowingly cooperated in deceit, fraud, or intentional misrepresentation to obtain a license;
- (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing or billing for professional dental services or engaging in professional activities;
- (3) advertised professional dental services in a false or misleading manner;
- (4) received compensation for referring a person to another dentist or dental practice;
- (5) has been convicted of a felony or other crime that affects the dentist's ability to continue to practice dentistry competently and safely;
- (6) engaged in the performance of patient care, or permitted the performance of patient care by persons under the dentist's supervision, regardless of whether actual injury to the patient occurred,
 - (A) that did not conform to minimum professional standards of dentistry; or
 - (B) when the dentist, or a person under the supervision of the dentist, did not have the permit, registration, or certificate required under AS 08.32 or this chapter;
- (7) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
- (8) continued to practice after becoming unfit due to
 - (A) professional incompetence;
 - (B) addiction or dependence on alcohol or other drugs that impair the dentist's ability to practice safely;
 - (C) physical or mental disability;
- (9) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients;
- (10) permitted a dental hygienist or dental assistant who is employed by the dentist or working under the dentist's supervision to perform a dental procedure in violation of AS 08.32.110 or AS 08.36.346;
- (11) failed to report to the board a death that occurred on the premises used for the practice of dentistry within 48 hours;
- (12) falsified or destroyed patient or facility records or failed to maintain a patient or facility record for at least seven years after the date the record was created;
- (13) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.36.355; or
- (14) procured, sold, prescribed, or dispensed drugs in violation of a law, regardless of whether there has been a criminal action or harm to the patient.

Sec. 08.36.317. Civil fine authority. Notwithstanding AS 08.01.075(a), in a disciplinary action, the board may impose a civil fine not to exceed \$25,000 for each violation of this chapter or of a regulation adopted under this chapter.

Sec. 08.36.320. Summary license suspension. (a) *[Repealed, Sec. 49 ch 94 SLA 1987].*

(b) *[Repealed, Sec. 49 ch 94 SLA 1987].*

(c) The board may summarily suspend the license of a licensee who refuses to submit to a physical or mental examination under AS 08.36.070(b)(1). A person whose license is suspended under this section is entitled to a hearing by the board within seven days after the effective date of the order. If, after a hearing, the board upholds the suspension, the licensee may appeal the suspension to a court of competent jurisdiction.

(d) *[Repealed, Sec. 49 ch 94 SLA 1987].*

(e) *[Repealed, Sec. 49 ch 94 SLA 1987].*

Sec. 08.36.340. Penalties. A person who violates any provision of this chapter or regulations adopted under this chapter for which no specific penalty is provided is guilty of a class B misdemeanor.

ARTICLE 4. DENTAL ASSISTANTS.

Section

342. Coronal polishing certificate

344. Restorative function certificate

346. Delegation to dental assistants

347. Exemption from registration requirement

349. Definitions

Sec. 08.36.342. Coronal polishing certificate. (a) The board shall issue a coronal polishing certificate to a dental assistant if the dental assistant furnishes evidence satisfactory to the board that the dental assistant has completed a program of instruction approved by the board.

(b) A certificate issued under (a) of this section authorizes a dental assistant under the direct supervision of a dentist licensed in the state to perform coronal polishing on teeth without calculus.

(c) The board may by regulation establish fees, renewal, and continuing education requirements for a certificate issued under this section.

Sec. 08.36.344. Restorative function certificate. (a) The board shall issue a restorative function certificate to a dental assistant if the dental assistant furnishes evidence satisfactory to the board that the dental assistant has

(1) successfully completed a course offered by or under the auspices of a program accredited by the Commission on Dental Accreditation of the American Dental Association or other equivalent course or program approved by the board; and

(2) passed the Western Regional Examining Board's restorative examination or other equivalent examination approved by the board within the five years preceding the dental assistant's certificate application, or the dental assistant has legal authorization from another state or jurisdiction to perform restorative functions.

(b) A certificate issued under this section authorizes a dental assistant under the direct supervision of a licensed dentist to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

(c) The board may by regulation establish fees, renewal, and continuing education requirements for a certificate under this section.

Sec. 08.36.346. Delegation to dental assistants. (a) Except as otherwise provided in this chapter, a dentist licensed in this state may delegate to a dental assistant under indirect supervision

(1) the exposure and development of radiographs;

(2) application of topical preventive agents or pit and fissure sealants; and

(3) other dental operations and services except

(A) those that may be performed by a dental hygienist under AS 08.32.110(a); and

(B) those that may not be delegated to a dental hygienist under AS 08.32.110(c).

(b) A dentist licensed in this state may delegate to a dental assistant under direct supervision

(1) coronal polishing on teeth without calculus, if the dental assistant is certified under AS 08.36.342;

(2) the placement of a restoration into a cavity prepared by a dentist licensed under this chapter and the subsequent carving, contouring, and adjustment of the contacts and occlusion of the restoration, if the dental assistant is certified under AS 08.36.344; and

(3) other dental operations and services as defined and regulated by the board; however, a dentist may not delegate to a dental assistant a dental operation or service that requires the professional skill of a licensed dentist or licensed dental hygienist, including those dental operations and services specified in AS 08.32.110(c).

Sec. 08.36.347. Exemption from registration requirement. (a) A person enrolled in a program or course of study may perform dental assisting procedures as part of that program or course of study without a registration document if the procedures are performed

(1) under the direct supervision of a member of the faculty who is licensed under this chapter or AS 08.32; and

(2) as part of a clinical program that has received written approval from the board.

(b) A person performing dental assisting procedures under (a) of this section is subject to all other provisions of this chapter and statutes and regulations that apply to the practice of dental assisting by a registered dental assistant.

Sec. 08.36.349. Definitions. In AS 08.36.342 - 08.36.349,

(1) "direct supervision" means a dentist licensed in this state is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and, before dismissal of the patient, evaluates the performance of the dental assistant;

(2) "indirect supervision" means a dentist licensed in this state is in the dental office, authorizes the procedures, and remains in the dental office while the procedures are being performed by the dental assistant.

ARTICLE 5. GENERAL PROVISIONS.

Section

350. Application of chapter

355. Maximum dosage for opioid prescriptions

360. Practice of dentistry defined

365. Rights of dentists

367. Ownership of a dental office or facility

370. Definitions for chapter

Sec. 08.36.350. Application of chapter. (a) This chapter applies to a person who practices, or offers or attempts to practice, dentistry in the state except

(1) a dental surgeon or dentist in the military service in the discharge of official duties;

(2) a dentist in the employ of the United States Public Health Service, United States Department of Veterans Affairs, United States Indian Health Service, or other agency of the federal government, in the discharge of official duties;

(3) a dentist licensed in another state who is teaching or demonstrating clinical techniques at a meeting, seminar, or limited course of instruction sponsored by a dental or dental auxiliary society or association or by an accredited dental or dental auxiliary educational institution;

(4) a dentist licensed in another state who provides emergency care to an injured or ill person who reasonably appears to the dentist to be in immediate need of emergency aid in order to avoid serious harm or death if the care is provided without remuneration;

(5) a dentist employed in the state by an Indian health program, as that term is defined in 25 U.S.C. 1603, while providing dental services to a person the Indian health program is entitled to serve under 25 U.S.C. 450 et seq. (Indian Self-Determination and Education Assistance Act), as amended, and 25 U.S.C. 1601 et seq. (Indian Health Care Improvement Act), as amended.

(b) A person excepted from this chapter under (a) of this section shall be held to the same standard of care as a person covered by this chapter.

Sec. 08.36.355. Maximum dosage for opioid prescriptions. (a) A licensee may not issue

(1) an initial prescription for an opioid that exceeds a seven-day supply to an adult patient for outpatient use;

(2) a prescription for an opioid that exceeds a seven-day supply to a minor; at the time a licensee writes a prescription for an opioid for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use.

(b) Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional judgment of the licensee, more than a seven-day supply of an opioid is necessary for

(1) the patient's chronic pain management; the licensee may write a prescription for an opioid for the quantity needed to treat the patient's medical condition or chronic pain; the licensee shall document in the patient's medical

record the condition triggering the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition; or

(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the licensee may write a prescription for an opioid for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensee shall document in the patient's medical record the reason for the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900.

(c) In this section,

(1) "adult" means

(A) an individual who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means an individual under 18 years of age who is not an emancipated minor.

Sec. 08.36.360. Practice of dentistry defined. A person engages in the practice of dentistry who

(1) performs or holds out to the public as being able to perform dental operations;

(2) diagnoses, treats, operates on, corrects, attempts to correct, or prescribes for a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of the human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues;

(3) performs or attempts to perform an operation incident to the replacement of teeth;

(4) furnishes, supplies, constructs, reproduces, or repairs dentures, bridges, appliances or other structures to be used and worn as substitutes for natural teeth, except on prescription of a duly licensed and registered dentist and by the use of impressions or casts made by a duly licensed and registered dentist;

(5) uses the words "dentist" or "dental surgeon" or the letters "D.D.S." or "D.M.D." or other letter or title that represents the dentist as engaging in the practice of dentistry;

(6) extracts or attempts to extract human teeth;

(7) exercises control over professional dental matters or the operation of dental equipment in a facility where the acts and things described in this section are performed or done;

(8) evaluates, diagnoses, treats, or performs preventive procedures related to diseases, disorders, or conditions of the oral cavity, maxillofacial area, or adjacent and associated structures; a dentist whose practice includes the services described in this paragraph may only perform the services if they are within the scope of the dentist's education, training, and experience and in accord with the generally recognized ethical precepts of the dental profession; nothing in this paragraph requires a person licensed under AS 08.64 to be licensed under this chapter.

Sec. 08.36.365. Rights of Dentists. A dentist licensed in this state may

(1) practice in an association, partnership, corporation or other lawful entity with other dentists including specialists;

(2) practice under the name of "dental center" or other descriptive term that does not deceive the public about the nature of the services provided;

(3) supervise research that would otherwise violate this chapter or regulations adopted under this chapter when the research does not involve treatment of dental patients if the research is performed by a nonprofit dental research institution chartered by this state or by a dental or dental auxiliary school accredited by the Commission on Accreditation of the American Dental Association, or its successor agency;

(4) supervise research that would otherwise violate this chapter or regulations adopted under this chapter when the research involves the treatment of dental patients if the research is performed by a nonprofit dental research institution chartered by this state or by a dental or dental auxiliary school accredited by the Commission on Accreditation of the American Dental Association, or its successor agency, and if the dentist notifies the board in writing, at least 60 days before beginning the treatment, of the intended practices or procedures and the board does not disapprove the research.

Sec. 08.36.367. Ownership of a dental office or facility. (a) Only a person who holds a valid license issued under this chapter may own, operate, or maintain a dental practice, office, or clinic. This restriction does not apply to

(1) a labor organization or a nonprofit organization formed by or on behalf of a labor organization for the purpose of providing dental services to rural or underserved populations;

(2) an institution of higher education recognized by the board;

(3) a local government;

(4) an institution or program accredited by the Commission on Dental Accreditation of the American Dental Association to provide education and training;

(5) a nonprofit corporation organized under state law to provide dental services to rural areas and medically underserved populations of migrant, rural community, or homeless individuals under 42 U.S.C. 254b or 254c or health centers qualified under 42 U.S.C. 1396d(l)(2)(B) operating in compliance with other applicable state and federal law;

(6) a nonprofit charitable corporation described in 26 U.S.C. 501(c)(3) (Internal Revenue Code) and determined by the board to be providing dental services by volunteer licensed dentists to populations with limited access to dental care at no charge or a substantially reduced charge.

(b) For the purpose of owning or operating a dental practice, office, or clinic, an entity described in (a) of this section shall

(1) name a licensed dentist as its dental director, who shall be subject to the provisions of AS 08.36.315 and 08.36.317 in the capacity of dental director; the dental director, or an actively licensed dentist designated by the director, shall have responsibility for the entity's practice of dentistry; and

(2) maintain current records of the names of licensed dentists who supervise dental hygienists, dental assistants, and other personnel involved in direct patient care who are employed by the entity; the records must be available to the board upon written request.

(c) Nothing in this chapter precludes a person or entity not licensed by the board from

(1) ownership or leasehold of any tangible or intangible assets used in a dental office or clinic, including real property, furnishings, equipment, and inventory, but not including dental records of patients related to clinical care;

(2) employing or contracting for the services of personnel other than licensed dentists; or

(3) management of the business aspects of a dental office or clinic that do not include the practice of dentistry.

(d) If all of the ownership interests of a dentist or dentists in a dental office or clinic are held by an administrator, executor, personal representative, guardian, conservator, or receiver of the estate of a former shareholder, member, or partner, the administrator, executor, personal representative, guardian, conservator, or receiver may retain the ownership interest for a period of 24 months following the creation of the ownership interest. The board shall extend the ownership period for an additional 24 months upon 30 days' notice and may grant additional extensions upon reasonable request.

(e) In this section, "labor organization" means an organization, not for pecuniary profit, constituted wholly or partly to bargain collectively or deal with employers, including the state and its political subdivisions, concerning grievances, terms or conditions of employment, or other mutual aid or protection in connection with employees that has existed for at least three years and that has a constitution and bylaws.

Sec. 08.36.370. Definitions for chapter. In this chapter, unless the context requires otherwise,

(1) "board" means the Board of Dental Examiners;

(2) "calculus" means a hardened deposit of mineralized plaque;

(3) "coronal polishing" means the removal of supragingival plaque and stains;

(4) "dental assistant" means a person employed to provide clinical assistance to a dentist licensed in the state;

(5) "department" means the Department of Commerce, Community, and Economic Development;

(6) "impaired practitioner" means a person who is unfit to practice dentistry due to addiction or dependence on alcohol or other drugs that impair the practitioner's ability to practice safely;

(7) "licensed dental hygienist" means a dental hygienist licensed under AS 08.32;

(8) "licensed dentist" means a dentist licensed under this chapter;

(9) "registered dental assistant" means a dental assistant registered under this chapter;

(10) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160.

**CHAPTER 28.
BOARD OF DENTAL EXAMINERS.**

Article

1. **Administration of Deep Sedation, General Anesthesia, Moderate Sedation, and Minimal Sedation**
(12 AAC 28.010 – 12 AAC 28.090)
2. **Examinations for Dental Licensure**
(12 AAC 28.100 – 12 AAC 28.300)
3. **Administration of Local Anesthetic Agents and Nitrous Oxide Sedation by Dental Hygienists**
(12 AAC 28.310 – 12 AAC 28.360)
4. **Continuing Professional Competence Requirements**
(12 AAC 28.400 – 12 AAC 28.420)
5. **Dental Hygienist Examination** (12 AAC 28.500)
6. **Parenteral Sedation**
(12 AAC 28.600 – 12 AAC 28.640)
7. **Professional Practices** (12 AAC 28.700 – 12 AAC 28.730)
8. **Restorative Functions by Dental Hygienists** (12 AAC 28.750 – 12 AAC 28.780)
9. **Coronal Polishing and Restorative Functions by Dental Assistants** (12 AAC 28.810 – 12 AAC 28.880)
10. **General Provisions** (12 AAC 28.900 – 12 AAC 28.990)

**ARTICLE 1.
ADMINISTRATION OF DEEP SEDATION, GENERAL ANESTHESIA,
MODERATE SEDATION, AND MINIMAL SEDATION.**

Section

10. **Permit requirements for use of deep sedation or general anesthesia**
15. **Permit requirements for use of moderate sedation, or for use of minimal sedation for a patient younger than 13 years of age**
20. **(Repealed)**
30. **Persons other than permit holders**
40. **Informed written consent**
50. **Medical history**
60. **Requirements for administering deep sedation, general anesthesia, moderate sedation, or minimal sedation for a patient younger than 13 years of age**
61. **Additional requirements for administering deep sedation or general anesthesia**
62. **Additional requirements for administering moderate sedation, or minimal sedation for a patient younger than 13 years of age**
65. **Exceptions to permit requirements under 12 AAC 28.010 - 12 AAC 28.080**
68. **Inspections**
70. **Suspension or revocation of permit**
80. **Mandatory reporting**
90. **Definition**

12 AAC 28.010. PERMIT REQUIREMENTS FOR USE OF DEEP SEDATION OR GENERAL ANESTHESIA. (a) Before administering deep sedation or general anesthesia a dentist licensed under AS 08.36 must have a deep sedation or general anesthesia permit issued by the board.

(b) An applicant for an initial or renewed permit to administer deep sedation or general anesthesia must

- (1) submit a completed application on a form provided by the board;
- (2) submit a dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with all applicable statutes and regulations;
- (3) submit, on a form provided by the board, a dated and signed affidavit attesting that the dentist's facility meets the requirements of this chapter for the administration of deep sedation or general anesthesia;
- (4) hold a current registration to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);
- (5) provide proof of current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation; qualifying certification for an applicant who seeks to treat patients 13 years of age or older includes the American Heart Association's Advanced Cardiac Life Support (ACLS) for Health Professionals; qualifying certification for an applicant who seeks to treat patients younger than 13 years of age includes Pediatric Advanced Life Support (PALS) for Health Professionals; an applicant who seeks to treat patients of any age must also be certified in both ACLS for Health Professionals and PALS for Health Professionals or must be certified in equivalent qualifying certifications

under this paragraph, one for advanced cardiac life support for health professionals and one for pediatric advanced life support for health professionals; and

(6) submit the applicable fees specified in 12 AAC 02.190.

(c) In addition to meeting the requirements of (b) and (d) of this section, an applicant for an initial permit to provide deep sedation or general anesthesia must provide documentation that the applicant

(1) is a member of the American Association of Oral and Maxillofacial Surgery;

(2) successfully completed an advanced educational program in oral maxillofacial surgery accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association; or

(3) successfully completed an advanced educational program in dental anesthesiology accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association.

(d) In addition to meeting the requirements of (b) and (c) of this section, an applicant for an initial permit to provide deep sedation or general anesthesia must provide documentation that

(1) within three years immediately before application, the applicant completed training or education identified in (c)(2) or (3) of this section in general anesthesia or deep sedation;

(2) if more than three years but less than five years have elapsed since completing training or education identified in (c)(2) or (3) of this section in general anesthesia or deep sedation, the applicant completed all continuing education that would have been required for a deep sedation or general anesthesia permit under this section;

(3) if more than three years but less than five years have elapsed since completing training or education identified in (c)(2) or (3) of this section in general anesthesia or deep sedation, the applicant completed a comprehensive review course approved by the board;

(4) if more than five years have elapsed since completing training or education identified in (c)(2) or (3) of this section in general anesthesia or deep sedation, the applicant holds a permit for general anesthesia or deep sedation from another jurisdiction where the applicant is also licensed to practice dentistry and where the applicant completed at least 25 anesthesia cases at the requested permit level not earlier than the 12 months immediately preceding application; or

(5) demonstrates current competency to the satisfaction of the board that the applicant has adequate sedation or anesthesia skill to safely deliver deep sedation or general anesthesia services to the public.

(e) In addition to meeting the requirements of (b) of this section, on or after March 1, 2019, a dentist who seeks to renew a permit to administer deep sedation or general anesthesia must

(1) during each biennial licensing period participate in four or more contact hours of continuing education that relates specifically to hands-on advanced airway management or general anesthesia; if the permit holder provides

(A) anesthesia for patients younger than 13 years of age, the course must be a pediatric course;

(B) anesthesia for patients older and younger than 13 years of age, at least four contact hours of continuing education must relate specifically to hands-on advanced airway management of patients older than 13 years of age, and at least four additional contact hours of continuing education must relate specifically to hands-on advanced airway management of patients younger than 13 years of age;

(2) during each biennial licensing period participate in eight contact hours of continuing education that focuses on one or more of the following:

(A) physical evaluation;

(B) medical emergencies;

(C) monitoring and use of monitoring equipment;

(D) pharmacology of drugs and agents used in deep sedation and general anesthesia;

(3) complete at least 50 general anesthesia or deep sedation cases each biennial licensing period;

(4) maintain continuing education records that can be audited, including course titles, instructors, dates attended, sponsors, and number of contact hours for each course; and

(5) if seeking to renew a permit to administer general anesthesia or deep sedation to a patient younger than 13 years of age,

(A) meet the requirements of this section; and

(B) provide documentation that 20 of the 50 anesthesia or deep sedation cases were individually managed patients younger than 13 years of age.

(f) A dentist who has met the requirements of this section to administer deep sedation or general anesthesia to patients younger than 13 years of age will be issued a permit that so indicates.

(g) A permit to administer deep sedation and general anesthesia

(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

(2) expires on the date the dentist's license expires.

(h) For purposes of this section,

(1) one contact hour equals 50 minutes of instruction;

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

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

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

(i) Credit is given only for class hours and not hours devoted to class preparation.

12 AAC 28.015. PERMIT REQUIREMENTS FOR USE OF MODERATE SEDATION, OR FOR USE OF MINIMAL SEDATION FOR A PATIENT YOUNGER THAN 13 YEARS OF AGE. (a) Unless exempt under 12 AAC 28.065, before administering moderate sedation to a patient, or minimal sedation to a patient younger than 13 years of age, a dentist licensed under AS 08.36 must have a moderate sedation permit issued by the board.

(b) The requirement to obtain a permit to administer moderate or minimal sedation under this section does not apply to a dentist currently permitted under 12 AAC 28.010 to administer deep sedation and general anesthesia.

(c) A dentist who holds a permit under this section may not administer or employ an agent or technique that has so narrow a margin for maintaining consciousness that the agent or technique is most likely to produce deep sedation or general anesthesia. These agents include ketamine, propofol, brexvatil, and sodium pentothal.

(d) An applicant for an initial or renewed permit to administer moderate or minimal sedation under this section must

- (1) submit a completed application on a form provided by the board;
- (2) submit a dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with all applicable statutes and regulations;
- (3) submit, on a form provided by the board, a dated and signed affidavit attesting that the dentist's facility meets the requirements of this chapter for the administration of moderate or minimal sedation under this section;
- (4) hold a current registration to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);
- (5) provide proof of current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, including basic electrocardiographic interpretation; qualifying certification for an applicant who seeks to treat patients 13 years of age and older includes the American Heart Association's Advanced Cardiac Life Support (ACLS) for Health Professionals; qualifying certification for an applicant who seeks to treat patients younger than 13 years of age includes Pediatric Advanced Life Support (PALS) for Health Professionals; an applicant who seeks to treat patients of any age must also be certified in both ACLS for Health Professionals and PALS for Health Professionals or must be certified in equivalent qualifying certifications under this paragraph, one for advanced cardiac life support for health professionals and one for pediatric advanced life support for health professionals; and
- (6) submit the applicable fees specified in 12 AAC 02.190.

(e) In addition to meeting the requirements of (d) and (g) of this section,

(1) an applicant for an initial permit to administer moderate sedation to a patient who is at least 13 years of age under this section must provide documentation that the applicant completed either

(A) training in moderate sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, as adopted by the American Dental Association (ADA) House of Delegates, October 2016, adopted by reference; the applicant must complete the training required under this subparagraph while enrolled in

(i) a dental program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association; or

(ii) a post-doctoral university or teaching hospital program; or

(B) a board-approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in (A) of this paragraph; the course must consist of a minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients per participant to establish competency and clinical experience in moderate sedation and management of a compromised airway; and

(2) before administering moderate or minimal sedation to a patient younger than 13 years of age, an applicant for an initial permit must

(A) provide proof that the applicant completed an additional 30 hours of board-approved coursework in pediatric moderate sedation; and

(B) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age.

(f) In addition to meeting the requirements of (d) and (g) of this section, an applicant for an initial permit to administer moderate or minimal sedation only to patients who are younger than 13 years of age under this section must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age to establish competency and clinical experience in management of a compromised airway, and provide documentation that the applicant has completed

(1) a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry; or

(2) at least 60 hours of continuing education coursework in pediatric moderate sedation approved by the board.

(g) In addition to meeting the requirements of (d) and (e) of this section, or (f) of this section if administering moderate or minimal sedation to a patient who is younger than 13 years of age, an applicant for an initial permit to provide moderate sedation and minimal sedation under this section must provide documentation that

(1) within three years immediately before application, the applicant completed training or education as required in this section in moderate sedation;

(2) if more than three years but less than five years have elapsed since completing training or education as required in this section in moderate sedation, the applicant completed all continuing education that would have been required for a permit under this section;

(3) if more than three years but less than five years have elapsed since completing training or education as required in this section in moderate sedation, the applicant completed a comprehensive review course approved by the board in moderate sedation;

(4) if more than five years have elapsed since completing training or education as required in this section in moderate sedation, the applicant holds a permit for moderate sedation from another jurisdiction where the applicant is also licensed to practice dentistry and where the applicant completed at least 25 anesthesia cases at the moderate sedation level not earlier than the 24 months immediately preceding application; or

(5) demonstrates current competency to the satisfaction of the board that the applicant has skill in moderate sedation to safely deliver moderate sedation services to the public.

(h) In addition to meeting the requirements of (d) of this section, on or after March 1, 2019, a dentist who seeks to renew a permit to administer moderate or minimal sedation under this section must

(1) during each biennial licensing period participate in four or more contact hours of continuing education that relates specifically to hands-on advanced airway management; contact hours earned from certification in health care provider basic life support (BLS), advanced cardiac life support (ACLS), and pediatric advanced life support (PALS) courses may be used to meet the continuing education requirements for obtaining or renewing a permit to administer moderate or minimal sedation under this section; if the permit holder provides

(A) moderate or minimal sedation for patients younger than 13 years of age, the course must be a pediatric course;

(B) moderate or minimal sedation for patients older and younger than 13 years of age, at least four contact hours of continuing education must relate specifically to hands-on advanced airway management of patients older than 13 years of age, and at least four additional contact hours of continuing education must relate specifically to hands-on advanced airway management of patients younger than 13 years of age;

(2) during each biennial licensing period participate in four contact hours of continuing education that focuses on one or more of the following:

(A) venipuncture;

(B) intravenous sedation;

(C) enteral sedation;

(D) physiology;

(E) pharmacology;

(F) nitrous oxide analgesia;

(G) patient evaluation, patient monitoring, or medical emergencies;

(3) complete at least 25 moderate sedation cases each biennial renewal period;

(4) maintain continuing education records that can be audited, including course titles, instructors, dates attended, sponsors, and number of contact hours for each course; and

(5) if seeking to renew a permit to administer moderate or minimal sedation to a patient younger than 13 years of age,

(A) meet the requirement of this section;

(B) provide documentation that 10 of the 25 moderate sedation cases were individually managed patients younger than 13 years of age.

(i) A dentist who holds a permit for parenteral sedation that the board issued before April 14, 2018 will be issued a moderate sedation permit immediately.

(j) After March 1, 2019, in order to provide moderate or minimal sedation to patients younger than 13 years of age, a dentist who holds a moderate sedation permit for a patient 13 years of age or older must

(1) provide proof of an additional 30 hours of board-approved continuing education in pediatric moderate sedation; and

(2) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age.

(k) A dentist who has met the requirements of this section to administer moderate or minimal sedation to patients younger than 13 years of age will be issued a permit that so indicates.

(l) A permit to administer moderate or minimal sedation under this section

(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

(2) expires on the date the dentist's license expires.

(m) For purposes of this section,

(1) one contact hour equals 50 minutes of instruction;

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

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

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

(n) Credit is given only for class hours and not hours devoted to class preparation.

Editor's note: A copy of the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in 12 AAC 28.015, or an electronic equivalent may be obtained by contacting the American Dental Association, 211 East Chicago Ave., Chicago, Illinois 60611-2678; Internet address: http://www.ada.org/en/~media/ADA/Advocacy/Files/anesthesia_use_guidelines.

12 AAC 28.020. OPERATIVE PROCEDURE. Repealed 6/24/2012.

12 AAC 28.030. PERSONS OTHER THAN PERMIT HOLDERS. (a) In addition to a dentist holding a valid permit under 12 AAC 28.010 or 12 AAC 28.015, the following persons may administer deep sedation, general anesthesia, or moderate sedation:

(1) a certified registered nurse anesthetist with a valid license under AS 08.68 and 12 AAC 44 from the Board of Nursing;

(2) a physician with a valid license under AS 08.64 and 12 AAC 40 from the State Medical Board to practice anesthesiology.

(b) A dentist employing or collaborating with a person described in (a)(1) or (2) of this section must establish a written agreement with that person to guarantee that, when deep sedation, general anesthesia, or moderate sedation is provided, all facility, equipment, monitoring, and training requirements for all personnel under this chapter have been met. The dentist shall provide the written agreement to the board.

(c) The dentist employing or collaborating with a person described in (a)(1) or (2) of this section must

(1) hold a current registration to prescribe and administer controlled substances in this state issued by the United States Drug Enforcement Administration (DEA);

(2) provide all dental treatment and ensure that the person described in (a)(1) or (2) of this section remains in the dental facility until the patient receiving anesthesia or sedation services is discharged;

(3) ensure that all sedation and anesthesia records provided by the person described in (a)(1) or (2) of this section are maintained as a permanent part of the patient's treatment record; and

(4) notify the board at the initiation of the employment or collaboration by filing notice of the written agreement, on a form provided by the board; the dentist must notify the board of any amendments to the agreement when a dental license is renewed.

Authority: AS 08.36.070

12 AAC 28.040. INFORMED WRITTEN CONSENT. Before administering deep sedation, general anesthesia, or moderate sedation, and before administering minimal sedation to a patient younger than 13 years of age, a dentist shall

(1) discuss with the patient, or with the patient's parent, legal guardian, or caregiver if the patient is younger than 13 years of age, the nature and objectives of the sedation and anesthesia along with the risks, benefits, and alternatives;

(2) obtain informed written consent of the patient or of the parent or legal guardian; and

(3) maintain a copy of the informed written consent in the patient's permanent record.

Authority: AS 08.36.070

12 AAC 28.050. MEDICAL HISTORY. (a) Before administering deep sedation, general anesthesia, or moderate sedation to a patient, and before administering minimal sedation to a patient younger than 13 years of age, a dentist shall

(1) obtain and record the patient's medical history, including

(A) a description of all current treatments;

(B) all current medications and dosages;

(C) assessment of the patient's body mass index (BMI);

(D) impending operations;

(E) pregnancies; and

(F) other information that may be helpful to the person administering the sedation or anesthesia; and

(2) record the questions asked of and answers received from the patient, parent, legal guardian, or caregiver, signed by the patient, parent, legal guardian, or caregiver, as a permanent part of the patient's treatment record.

(b) The dentist is not required to make a medical examination of the patient and draw medical diagnostic conclusions. If the dentist suspects a problem and calls in a physician for an examination, the dentist may rely upon the physician's conclusion and diagnosis.

Authority: AS 08.36.070

12 AAC 28.060. REQUIREMENTS FOR ADMINISTERING DEEP SEDATION, GENERAL ANESTHESIA, MODERATE SEDATION, OR MINIMAL SEDATION FOR A PATIENT YOUNGER THAN

13 YEARS OF AGE. (a) The document *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, as adopted by the American Dental Association (ADA) House of Delegates, October 2016, is adopted by reference as the standards for administering deep sedation, general anesthesia, and moderate sedation to patients 13 years of age and older and applies to all licensees subject to this chapter, unless otherwise specified in this chapter.

(b) The document *Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*, developed and endorsed by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, adopted in 2006 and reaffirmed in 2011, is adopted by reference as the standards for administering deep sedation, general anesthesia, moderate sedation, and minimal sedation to patients younger than 13 years of age and applies to all licensees subject to this chapter, unless otherwise specified in this chapter.

(c) When a patient younger than 13 years of age requires sedation or anesthesia, a sedating medication may not be prescribed for or administered to that patient before the patient arrives at the dentist's facility.

(d) When deep sedation, general anesthesia, moderate sedation, or minimal sedation to a patient younger than 13 years old is administered, the dentist

(1) shall record baseline vital signs before administration of a controlled substance and before discharge, unless the patient's behavior prevents this determination; in this paragraph "controlled substance" has the meaning given in AS 11.71.900;

(2) repealed 12/9/2018;

(3) shall record sedation and anesthesia records in a timely manner; the records must include

(A) blood pressure;

(B) heart rate;

(C) respiration;

(D) blood oxygen saturation;

(E) drugs administered, including dosages, the time that drugs were administered, and the route of administration;

(F) the length of the procedure;

(G) the patient's temperature; if depolarizing medications or volatile anesthetics are administered, temperature must be monitored constantly; and

(H) any complications from anesthesia or sedation;

(4) shall stop the dental procedure if a patient enters a deeper level of sedation than the dentist is permitted to provide until the patient returns to, and is stable at, the intended level of sedation; while returning the patient to the intended level of sedation, the patient's pulse, respiration, blood pressure, and pulse oximetry must be monitored and recorded at least every five minutes;

(5) may not discharge a patient until the person who administered the sedation or anesthesia, or another practitioner qualified to administer the same level of sedation or anesthesia, determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded;

(6) shall give postoperative instructions verbally and in writing; the written instructions must include a 24-hour emergency telephone number that directly calls the dental provider;

(7) shall discharge the patient to a responsible individual who has been instructed with regard to the patient's care; and

(8) shall make a discharge entry in the patient's record describing the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(e) When deep sedation, general anesthesia, moderate sedation, or minimal sedation to a patient younger than 13 years of age is administered, the dentist's facility shall

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

(2) have a lighting system that is adequate to permit evaluation of the patient's skin and mucosal color, and a backup lighting system of sufficient intensity to permit conclusion of the operation when power fails;

(3) have suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities, and a backup suction device that does not depend on power supply from the facility;

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

(5) have a recovery area that has available oxygen, adequate lighting, suction, and electrical outlets, though the recovery area can be the operating area;

(6) have a defibrillator or automated external defibrillator (AED) available and in reach within 60 seconds from any area where anesthesia or sedation is administered;

(7) have written basic emergency procedures established and maintain a staff of supervised personnel capable of handling procedures, complications, and emergency incidents; all personnel involved in patient care must hold a certification in healthcare professional cardiopulmonary resuscitation (CPR);

(8) conduct a training exercise at least two times each calendar year and log each exercise; the log must be signed and dated and must include

(A) the names and positions of facility personnel or practitioners present;

- (B) proof of current certification in cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS) for each person involved in patient care; and
- (C) a completed checklist provided by the board, or an equivalent, to establish competency in handling procedures, complications, and emergency incidents;
- (9) maintain the following equipment and drugs in the facility and available for immediate use:
 - (A) oral and nasal airways of various sizes;
 - (B) a supra-glottic airway device;
 - (C) a blood pressure cuff of appropriate size and stethoscope, or equivalent monitoring devices;
 - (D) a pulse oximeter;
 - (E) a respiratory monitoring device;
 - (F) adequate equipment to establish an intravenous infusion, including hardware and fluids;
 - (G) a narcotic antagonist;
 - (H) a corticosteroid;
 - (I) a bronchodilator;
 - (J) an anticholinergic;
 - (K) an antiarrhythmic;
 - (L) an antihistamine;
 - (M) a coronary artery vasodilator;
 - (N) a benzodiazepine antagonist;
 - (O) sterile needles, syringes, tourniquets, and tape;
 - (P) epinephrine;
 - (Q) an antiemetic; and
 - (R) 50 percent dextrose or other anti-hypoglycemic; and
- (10) display a permit for moderate sedation, deep sedation, or general anesthesia and current dental license in a conspicuous place where the dentist practices.

Authority: AS 08.36.070

Editor's note: A copy of the *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, adopted by reference in 12 AAC 28.060, or an electronic equivalent may be obtained by contacting the American Dental Association, 211 East Chicago Ave., Chicago, Illinois 60611-2678; Internet address: http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/anesthesia_use_guidelines.pdf.

An electronic copy of the *Guideline for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures*, adopted by reference in 12 AAC 28.060, may be obtained from the American Academy of Pediatric Dentistry; Internet address: http://www.aapd.org/media/Policies_Guidelines/G_Sedation.pdf.

12 AAC 28.061. ADDITIONAL REQUIREMENTS FOR ADMINISTERING DEEP SEDATION OR GENERAL ANESTHESIA. In addition to meeting the requirements of 12 AAC 28.060, when deep sedation or general anesthesia is administered,

- (1) the dentist's facility must have an operating area large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient;
- (2) the dentist's facility must have a laryngoscope complete with an adequate selection of blades, spare batteries, and bulbs;
- (3) the dentist's facility must have endotracheal tubes and appropriate connectors, a supra-glottic airway device, and other appropriate equipment necessary to do an intubation;
- (4) the dentist's facility must have a tonsillar or pharyngeal suction tip adaptable to all outlets;
- (5) the dentist's facility must have endotracheal tube forceps;
- (6) the dentist's facility must have an electrocardiographic monitor;
- (7) the dentist shall use an end-tidal carbon dioxide monitor to monitor respiration;
- (8) the dentist's facility must have the following emergency equipment and drugs in the facility and available for immediate use:
 - (A) a vasopressor;
 - (B) a muscle relaxant;
 - (C) intravenous medications for treatment of cardiac arrest;
 - (D) an antihypertensive;
 - (E) an anticonvulsant; and
 - (F) dantrolene sodium or its equivalent if administering general anesthesia by means of inhalation;
- (9) the provider administering deep sedation or general anesthesia shall establish and maintain a secured intravenous line throughout the procedure, unless poor patient cooperation prevents placement or the ability to maintain the line;

(10) the provider administering deep sedation or general anesthesia shall remain in the operatory room to monitor the patient continuously until the patient is responsive and recovery care can be transferred to a staff member capable of handling procedures, complications, and emergency incidents related to the type of sedation or anesthesia used;

(11) the provider who administered deep sedation or general anesthesia, or another licensed practitioner qualified to administer the same level of sedation or anesthesia, shall remain on the premises of the dentist's facility until the patient has regained consciousness and is discharged;

(12) if the deep sedation or general anesthesia provider is the treating dentist, the treatment team shall include a second trained person to monitor and observe the patient at all times during the procedure, and a third person to assist the dentist; and

(13) the provider must continually monitor a patient's heart rate, blood pressure, and respiration using electrocardiographic monitoring, pulse oximetry, a blood pressure monitoring device, and a respiration monitoring device.

Authority: AS 08.36.070

12 AAC 28.062. ADDITIONAL REQUIREMENTS FOR ADMINISTERING MODERATE SEDATION, OR MINIMAL SEDATION FOR A PATIENT YOUNGER THAN 13 YEARS OF AGE. In addition to meeting the requirements of 12 AAC 28.060, when moderate sedation is administered to a patient of any age, or minimal sedation is administered to a patient younger than 13 years of age,

(1) the dentist's facility must have an operating area of size and design to permit access of emergency equipment and personnel and to permit effective emergency management;

(2) the dentist shall use an end-tidal carbon dioxide monitor or a pre-cordial stethoscope to monitor respiration;

(3) the treatment team shall consist of the treating dentist and a second person to assist, monitor, and observe the patient; both the treating dentist and the second person shall be in the operating area with the patient throughout the dental procedure; and

(4) the dentist shall continually monitor the patient's heart rate, blood pressure, and respiration using electrocardiographic monitoring, pulse oximetry, a blood pressure monitoring device, and a respiration monitoring device, unless the patient's behavior prevents it and is documented in the patient record.

Authority: AS 08.36.070

12 AAC 28.065. EXCEPTIONS TO PERMIT REQUIREMENTS UNDER 12 AAC 28.010 - 12 AAC 28.080. The requirement to obtain a permit under 12 AAC 28.010 or 12 AAC 28.015 does not apply to

(1) the administration of local anesthesia;

(2) the administration of nitrous oxide sedation to patients of any age if the delivery system for the nitrous oxide-oxygen contains a mechanism that guarantees that an oxygen concentration of at least 25 percent will be administered to the patient at all times during the administration of the nitrous oxide;

(3) the administration of an oral medication to achieve minimal sedation if

(A) the patient is 13 years of age or older;

(B) the dose of the administered drug is within the United States Food and Drug Administration's (FDA) recommended dose as printed in that agency's approved labeling for unmonitored home use; the dentist may not use a second drug without obtaining a permit under 12 AAC 28.010 or 12 AAC 28.015, as applicable;

(C) the dose of the administered drug is used in combination with nitrous oxide or oxygen and does not exceed minimal sedation; and

(D) the patient is re-appointed if the intended level of minimal sedation is not achieved; or

(4) the administration of deep sedation, general anesthesia, moderate sedation, or minimal sedation in a licensed hospital, a state-operated hospital, or a facility directly maintained or operated by the federal government.

Authority: AS 08.36.070 AS 08.36.315 AS 08.36.360

12 AAC 28.068. INSPECTIONS. (a) The board may require an on-site inspection of the dentist's facility where deep sedation, general anesthesia, or moderate sedation is administered.

(b) A dentist will be notified in writing if an on-site inspection is required and will be provided with information about how the board conducts an on-site inspection. A dentist shall cooperate in scheduling a timely inspection not later than 90 days after receiving notice of an inspection.

(c) A designee of the board or the board's investigator shall carry out the inspection.

(d) An inspection shall be conducted according to the guidelines provided in the *Office Anesthesia Evaluation Manual*, Eighth Edition, 2012, adopted by reference, and may include the evaluation of equipment, medications, patient records, documentation of personnel training, and other items as determined necessary by the board, the designee of the board, or the board's investigator.

(e) If a dentist maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and receives notification from the board that an on-site inspection is required, the board may accept reports that result from the periodic office examinations required by that association.

(f) If the equipment, facilities, or personnel training are inadequate to assure safe use of sedation or anesthesia, the board will notify the dentist in writing and will conduct a follow-up inspection. If the board finds that the equipment, facilities, or trained personnel are still inadequate to assure safe use of sedation or anesthesia, the board will deny issuance of a permit under 12 AAC 28.010 or 12 AAC 28.015, immediately suspend a permit issued under 12 AAC 28.010 or 12 AAC 28.015, or order the dentist to immediately cease sedation or anesthesia services provided under 12 AAC 28.030.

(g) This section does not apply to investigations by the board, a designee of the board, or the board's investigator upon an allegation that a licensee has violated a provision of AS 08.32, AS 08.36, or this chapter.

Authority: AS 08.01.075 AS 08.01.087 AS 08.36.070

Editor's note: A copy of the *Office Anesthesia Evaluation Manual*, adopted by reference in 12 AAC 28.068, can be obtained by contacting the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611-2678.

12 AAC 28.070. SUSPENSION OR REVOCATION OF PERMIT. The board will automatically suspend or revoke a permit under 12 AAC 28.010 or 12 AAC 28.015 upon the suspension or revocation of the holder's license to practice dentistry in the state.

Authority: AS 08.36.070 AS 08.36.315 AS 08.36.320

12 AAC 28.080. MANDATORY REPORTING. (a) If a dental patient dies or experiences sedation or anesthesia complications that require hospitalization or emergency room care during or immediately after receiving sedation or general anesthesia, the dentist who treated the patient shall submit a written or electronic report of the incident to the board not later than 48 hours after learning of the death or hospitalization. The report must include

- (1) the name, age, and address of the patient;
- (2) the names of the dentist and of other personnel or providers present during the treatment;
- (3) the address of the facility where the treatment took place;
- (4) the medical history of the patient;
- (5) a description of the type of sedation or anesthetic that was used and the dosages of drugs administered to the patient;
- (6) a narrative description of the incident including approximate times and evolution of symptoms; and
- (7) as requested by the board, a designee of the board, or the board's investigator, additional information that is relevant to investigating the incident.

(b) Not later than 30 days after the receipt of a report required under (a) of this section, the board investigator may review the report, consult with a member of the board who is a dentist licensed under AS 08.36, and make a recommendation in writing as to whether further investigation by the board or the board's investigator should be made. The department will make a report of recommendations under this subsection at the next board meeting. If a recommendation by the department is that further investigation is not warranted, the department will make only a summary report. The board may accept the recommendation or request the department to make further investigations.

Authority: AS 08.01.087 AS 08.36.070 AS 08.36.315

12 AAC 28.090. DEFINITION. Repealed 4/13/91.

ARTICLE 2. EXAMINATIONS FOR DENTAL LICENSURE.

Section

- 100. (Repealed)**
- 105. (Repealed)**
- 110. (Repealed)**
- 120. (Repealed)**
- 130. (Repealed)**
- 140. (Repealed)**
- 150. (Repealed)**
- 160. (Repealed)**
- 170. (Repealed)**
- 180. (Repealed)**
- 190. (Repealed)**
- 200. (Repealed)**
- 210. (Repealed)**
- 220. (Repealed)**
- 230. (Repealed)**

- 240. (Repealed)
- 250. (Repealed)
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- 270. (Repealed)
- 280. (Repealed)
- 290. (Repealed)
- 300. (Deleted)

12 AAC 28.100. EXAMINERS APPOINTED. Repealed 5/29/98.

12 AAC 28.105. EXAMINATIONS. Repealed 10/19/2008.

12 AAC 28.110. IDENTIFICATION OF APPLICANT. Repealed 5/29/98.

12 AAC 28.120. OPERATORY ASSIGNED TO APPLICANT. Repealed 5/29/98.

12 AAC 28.130. EQUIPMENT. Repealed 5/29/98.

12 AAC 28.140. PATIENTS. Repealed 5/29/98.

12 AAC 28.150. ASSISTANTS. Repealed 5/29/98.

12 AAC 28.160. SECTIONS OF EXAMINATION. Repealed 5/29/98.

12 AAC 28.170. TIME ALLOWED FOR CLINICAL EXAMINATION. Repealed 5/29/98.

12 AAC 28.180. CRITERIA FOR TEETH TO BE RESTORED. Repealed 5/29/98.

12 AAC 28.190. LOCAL ANESTHESIA; RUBBER DAM. Repealed 5/29/98.

12 AAC 28.200. ITEMS TO BE TURNED IN TO THE BOARD. Repealed 5/29/98.

12 AAC 28.210. ALL WORK PERFORMED IN CLINIC BY APPLICANT. Repealed 5/29/98.

12 AAC 28.220. LABORATORY PROCEDURES. Repealed 5/29/98.

12 AAC 28.230. EXAMINERS MAY CONTACT PATIENT, TAKE PHOTOGRAPHS AND MODELS.
Repealed 5/29/98.

12 AAC 28.240. STEPS OF OPERATIONS CHECKED BY EXAMINERS. Repealed 5/29/98.

12 AAC 28.250. ERRORS OR OMISSIONS REQUIRING FAILING GRADE. Repealed 5/29/98.

12 AAC 28.260. GRADING OF A BOARD CONDUCTED CLINICAL EXAMINATION. Repealed 5/29/98.

12 AAC 28.270. COMPUTATION OF GRADE. Repealed 5/29/98.

12 AAC 28.280. NOTIFICATION OF GRADES. Repealed 5/29/98.

12 AAC 28.290. REEXAMINATION. Repealed 5/29/98.

12 AAC 28.300. DENIAL OF LICENSURE. Deleted 1/28/2000.

**ARTICLE 3.
ADMINISTRATION OF LOCAL ANESTHETIC AGENTS AND
NITROUS OXIDE SEDATION BY DENTAL HYGIENISTS.**

Section

- 310. (Deleted)
- 320. Application for certification to administer local anesthetic agents
- 325. Application for certification to administer nitrous oxide sedation
- 330. Approval of course of instruction
- 340. Requirements for course of instruction in local anesthetics

345. Requirements for course of instruction for administering nitrous oxide

350. Expiration of certification

360. Registry

12 AAC 28.310. ADMINISTRATION OF LOCAL ANESTHETIC AGENTS. Deleted 5/6/88.

12 AAC 28.320. APPLICATION FOR CERTIFICATION TO ADMINISTER LOCAL ANESTHETIC AGENTS. (a) The board will issue, to a dental hygienist licensed in this state, a certification to administer local anesthetic agents if the licensed hygienist submits

- (1) a completed, notarized application on the form provided by the department;
- (2) the applicable fees required in 12 AAC 02.190;
- (3) written verification of successful completion of an accredited college or university course of instruction in the administration of local anesthetics, approved by the board under 12 AAC 28.330 - 12 AAC 28.340; and
- (4) evidence of having passed the local anesthetic portion of the Western Regional Examining Board (WREB) dental hygienist examination within the five years immediately preceding the date of application.

(b) Instead of meeting the requirements of (a)(4) of this section, an applicant who is currently licensed or certified in another licensing jurisdiction to administer local anesthetic agents may submit evidence showing that the

- (1) applicant's license or certification in that licensing jurisdiction is current and in good standing;
- (2) applicant has actively, as part of routine dental hygiene procedure, administered local anesthetic agents at least an average of once per week during the two years immediately preceding the date of application.

Authority: AS 08.32.110 AS 08.36.070

12 AAC 28.325. APPLICATION FOR CERTIFICATION TO ADMINISTER NITROUS OXIDE SEDATION. The board will issue a certification to administer nitrous oxide sedation under direct or indirect supervision to a dental hygienist licensed in this state if the hygienist

- (1) submits a completed, notarized application on the form provided by the department;
- (2) pays the applicable fee required in 12 AAC 02.190; and
- (3) provides written verification of successful completion of an accredited college or university course of instruction in the administration of nitrous oxide, approved by the board under 12 AAC 28.345.

Authority: AS 08.01.065 AS 08.32.110 AS 08.36.070

12 AAC 28.330. APPROVAL OF COURSE OF INSTRUCTION. The board may, upon its own motion or upon the request of any interested person, approve a course of instruction upon receipt of

- (1) the name of the college or university sponsoring the course;
- (2) the name of the accredited program and faculty member presenting the course;
- (3) a course outline that verifies inclusion of the subjects and procedures required under
 - (A) 12 AAC 28.340 if certification to administer local anesthesia is sought; or
 - (B) 12 AAC 28.345, if certification to administer nitrous oxide sedation is sought; and
- (4) an explanation of the evaluation procedures used to determine successful completion of the course.

Authority: AS 08.32.110

12 AAC 28.340. REQUIREMENTS FOR COURSE OF INSTRUCTION IN LOCAL ANESTHETICS. A course of instruction in local anesthetics must include

- (1) at least 16 clock hours of didactic instruction;
- (2) at least eight clock hours of laboratory instruction during which time three injections each of the anterior palatine, incisive palatine, anterior and middle superior alveolar, posterior superior alveolar, inferior alveolar, mental, long buccal, and infiltration injections are administered;
- (3) clinical experience sufficient to establish the hygienist's ability to adequately anesthetize the entire dentition and supporting structures in a clinical setting, requiring not less than six clock hours, under the direct supervision of course faculty;
- (4) instruction in
 - (A) medical history evaluation procedures;
 - (B) anatomy of the head, neck and oral cavity as it relates to administering local anesthetic agents;
 - (C) pharmacology of local anesthetic agents, vasoconstrictors and preservatives, including physiologic actions, types of anesthetics, and maximum dose per weight;
 - (D) systemic conditions which influence selection and administration of anesthetic agents;
 - (E) signs and symptoms of reactions to local anesthetic agents, including monitoring of vital signs;
 - (F) management of reactions to, or complications associated with, the administration of local anesthetic agents to include

- (i) a currently valid cardiopulmonary resuscitation certification card from either the American Heart Association or the American Red Cross; or

- (ii) a provision for instruction and certification in cardiopulmonary resuscitation from an instructor certified in cardiopulmonary resuscitation by the American Heart Association or the American Red Cross as part of the course curriculum;
- (G) selection and preparation of the armamentaria for administering various local anesthetic agents;
- (H) methods of administering local anesthetic agents with emphasis on
 - (i) technique;
 - (ii) aspiration;
 - (iii) slow injection;
 - (iv) minimum effective dosage;
- (5) instruction by a faculty member of the college or university presenting the course; and
- (6) procedures for determining whether the hygienist has acquired the necessary knowledge and proficiency to administer local anesthetic agents.

Authority: AS 08.32.110

12 AAC 28.345. REQUIREMENTS FOR COURSE OF INSTRUCTION FOR ADMINISTERING NITROUS OXIDE. (a) To satisfy the requirements for a certification under 12 AAC 28.325, a course of instruction for administering nitrous oxide must be provided by an organization accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association or approved by the board.

(b) To satisfy the requirements for certification under 12 AAC 28.325, a course of instruction for administering nitrous oxide must include

- (1) a minimum of three hours of clinical instruction sufficient to establish the ability to
 - (A) inspect, operate, and decontaminate nitrous oxide delivery and scavenging systems;
 - (B) properly induce nitrous oxide sedation; and
 - (C) recognize and counteract complications;
- (2) a minimum of three hours of didactic instruction, including
 - (A) sedation techniques;
 - (B) physiology of respiration and pharmacology of nitrous oxide;
 - (C) nitrous oxide machines;
 - (D) induction techniques; and
 - (E) complications and their management; and
- (3) procedures for determining whether the dental hygienist has acquired the necessary knowledge and proficiency to administer nitrous oxide sedation.

Authority: AS 08.32.110 AS 08.36.070

12 AAC 28.350. EXPIRATION OF CERTIFICATION. (a) A certification to administer local anesthetic agents or nitrous oxide sedation expires on the date the dental hygienist's license expires or is revoked or suspended.

(b) A certification to administer local anesthesia or nitrous oxide sedation remains active as long as the holder's dental hygiene license is active and in good standing.

(c) The board will notify a dental hygienist of initial certification to provide local anesthesia or nitrous oxide sedation and thereafter certification will be listed on the dental hygiene license.

Authority: AS 08.32.110 AS 08.36.070 AS 08.36.315

12 AAC 28.360. REGISTRY. The board will maintain a registry of all board approved courses of instruction and all dental hygienists certified to administer local anesthetic agents or nitrous oxide sedation.

Authority: AS 08.32.110 AS 08.36.070

ARTICLE 4. 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;
 - (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).

Authority: AS 08.32.071 AS 08.36.070 AS 08.36.315
AS 08.32.160 AS 08.36.250

ARTICLE 5. DENTAL HYGIENIST EXAMINATION.

Section

500. (Repealed)

12 AAC 28.500. DENTAL HYGIENIST EXAMINATION. Repealed 10/19/2008.

ARTICLE 6. PARENTERAL SEDATION.

Section

600. (Repealed)

610. (Repealed)

620. (Repealed)

630. (Repealed)

640. (Repealed)

12 AAC 28.600. ADMINISTRATION OF PARENTERAL SEDATION. Repealed 4/14/2018.

12 AAC 28.610. PARENTERAL SEDATION PERMIT. Repealed 4/14/2018.

12 AAC 28.620. EDUCATION, TRAINING, AND CERTIFICATION REQUIREMENTS. Repealed 4/14/2018.

12 AAC 28.630. EQUIPMENT, FACILITIES, AND STAFF STANDARDS. Repealed 4/14/2018.

12 AAC 28.640. MANDATORY REPORTING. Repealed 4/14/2018.

ARTICLE 7. PROFESSIONAL PRACTICES.

Section

700. Identification of dental prosthesis

710. (Repealed)

720. (Repealed)

730. Control over professional dental matters and operation of dental equipment

12 AAC 28.700. IDENTIFICATION OF DENTAL PROSTHESIS. All non-metal full base dentures shall be permanently identified with the first initial and last name of the owner at the time of processing of the dentures.

Authority: AS 08.36.070

12 AAC 28.710. USE OF LASER DEVICES. Repealed 11/15/2005.

12 AAC 28.720. ADMINISTRATION OF NITROUS OXIDE. Repealed 4/14/2018.

12 AAC 28.730. CONTROL OVER PROFESSIONAL DENTAL MATTERS AND OPERATION OF DENTAL EQUIPMENT. In evaluating whether a person has engaged in the practice of dentistry under AS 08.36.360, the board will consider that a person "exercises control over professional dental matters or the operation of dental equipment" if the person determines, interprets, specifies, limits, prescribes, regulates, or otherwise controls by policy, lease, or other arrangement

(1) the use of dental equipment or material while the equipment or material is being used for the provision of dental treatment, whether the treatment is provided by the dentist, a dental hygienist, or a dental assistant;

(2) the selection of a course of treatment for the patient, the procedures, or materials to be used as part of the course of treatment and the manner in which the course of treatment is carried out by the dentist;

(3) the patient records of a dentist;

(4) policies and decisions relating to fees, rebates, billing, and advertising if the practice would result in the violation of AS 08.36 or this chapter, including the Principles of Ethics and Code of Professional Conduct adopted by reference under 12 AAC 28.905;

(5) decisions relating to the use of auxiliary personnel for the delivery of patient care in the dentist's practice and the hours of practice if the hours would impair the dentist's ability to safely and professionally deliver care for patients.

Authority: AS 08.36.070 AS 08.36.360 AS 08.36.367

ARTICLE 8. RESTORATIVE FUNCTIONS BY DENTAL HYGIENISTS.

Section

750. Restorative functions by dental hygienists

760. Approval of restorative function courses for dental hygienists

770. Requirements for restorative function courses for dental hygienists

780. Renewal of dental hygienist's restorative function license endorsement

12 AAC 28.750. RESTORATIVE FUNCTIONS BY DENTAL HYGIENISTS. (a) The board will issue an endorsement to perform restorative functions to a dental hygienist licensed in this state who meets the requirements of AS 08.32.085 and this section.

(b) An applicant for an endorsement under this section must submit to the department

(1) a complete, notarized application on a form provided by the department;

(2) the applicable fees under 12 AAC 02;

(3) verification that the applicant has successfully completed either

(A) a restorative function program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(B) another course of instruction approved by the board under 12 AAC 28.760; and

(4) verification that the applicant either

(A) is licensed in another state or United States territory to perform restorative functions; or

(B) within the five years immediately before the date of application for an endorsement under this section, the applicant has passed either the restorative function examination of the Western Regional Examining Board or a restorative function examination approved by the board as equivalent to the restorative function examination of the Western Regional Examining Board.

Authority: AS 08.32.085 AS 08.32.187 AS 08.36.070

12 AAC 28.760. APPROVAL OF RESTORATIVE FUNCTION COURSES FOR DENTAL HYGIENISTS. The board may, upon its own motion or upon request of any interested person, approve a course of instruction upon receipt of an application that includes

(1) the name of the course sponsor;

(2) the name and credentials of the course presenter; and

(3) a course outline showing that the course content meets the requirements of 12 AAC 28.770.

Authority: AS 08.32.085 AS 08.32.187 AS 08.36.070

12 AAC 28.770. REQUIREMENTS FOR RESTORATIVE FUNCTION COURSES FOR DENTAL HYGIENISTS. A course of instruction for restorative functions for dental hygienists must include

- (1) the physical, chemical, and biological properties of dental materials, including amalgam and composite materials;
- (2) the limitations and acceptability of a dental material based on the physical, chemical, and biological properties of the material;
- (3) proper safety when using dental materials, including appropriate infection control and mercury hygiene;
- (4) dental anatomy and occlusion;
- (5) isolation procedures;
- (6) proper placement and finishing of restorative materials;
- (7) assessment outcomes that measure the stated goals and objectives;
- (8) didactic course hours sufficient to meet the restorative course requirements of this section;
- (9) laboratory experience to be able to place and finish all classes of restorations; and
- (10) a required clinical proficiency to establish a demonstrated ability to place and finish all classes of restorations.

Authority: AS 08.32.085 AS 08.32.187 AS 08.36.070

12 AAC 28.780. RENEWAL OF DENTAL HYGIENIST'S RESTORATIVE FUNCTION LICENSE ENDORSEMENT. (a) A dental hygienist's endorsement to perform restorative functions expires on the date the dental hygienist's license expires.

(b) A dental hygienist's endorsement to perform restorative functions will be renewed when the dental hygienist's license to practice is renewed.

(c) The board will maintain a registry of dental hygienists who have an endorsement under AS 08.32.085 and 12 AAC 28.750 to perform restorative functions.

Authority: AS 08.32.071 AS 08.32.187 AS 08.36.070
AS 08.32.085

**ARTICLE 9.
CORONAL POLISHING AND RESTORATIVE FUNCTIONS
BY DENTAL ASSISTANTS.**

Section

- 810. Coronal polishing by dental assistants**
- 820. Approval of coronal polishing courses**
- 830. Requirements for coronal polishing courses**
- 840. Renewal of coronal polishing certificate**
- 850. Restorative functions by dental assistants**
- 860. Approval of restorative function courses for dental assistants**
- 870. Requirements for restorative function courses for dental assistants**
- 880. Renewal of dental assistant's restorative function certificate**

12 AAC 28.810. CORONAL POLISHING BY DENTAL ASSISTANTS. (a) The board will issue a certificate to perform coronal polishing to a dental assistant who meets the requirements of AS 08.36.342 and this section.

(b) An applicant for certification under this section must submit to the department

- (1) a complete, notarized application on a form provided by the department;
- (2) the following fees:
 - (A) \$60 nonrefundable application fee;
 - (B) \$60 certification fee;
- (3) either
 - (A) verification of successful completion of a course of instruction approved by the board under 12 AAC 28.820; or
 - (B) if the applicant is currently licensed or certified in another licensing jurisdiction to perform coronal polishing, evidence showing that the applicant's license or certificate to perform coronal polishing is current and in good standing in that licensing jurisdiction and a list of course of instruction for coronal polishing; the board will only approve the course of instruction under this subparagraph if it substantially complies with the requirements set out in 12 AAC 28.830.

Authority: AS 08.36.070 AS 08.36.342 AS 08.36.346

12 AAC 28.820. APPROVAL OF CORONAL POLISHING COURSES. The board may, upon its own motion or upon request of any interested person, approve a course of instruction upon receipt of an application that includes

- (1) the name of the course sponsor;
- (2) the name of the instructor presenting the course;
- (3) a course outline showing that the course content meets the requirements of 12 AAC 28.830;
- (4) an explanation of the evaluation procedures used to determine successful completion of the course.

Authority: AS 08.36.070 AS 08.36.342

12 AAC 28.830. REQUIREMENTS FOR CORONAL POLISHING COURSES. A course of instruction in coronal polishing must include didactic and clinical instruction in

- (1) characteristics of abrasives used for polishing;
- (2) aerosol production during polishing;
- (3) effects of heat production during polishing;
- (4) removal of tooth structure by polishing;
- (5) indications and contraindications of polishing;
- (6) selective polishing techniques;
- (7) coronal polishing by removing soft plaque and stain from exposed enamel utilizing appropriate rotary instrument and suitable polishing agent; and
- (8) proper infection control techniques while performing rotary coronal polishing.

Authority: AS 08.36.070 AS 08.36.342

12 AAC 28.840. RENEWAL OF CORONAL POLISHING CERTIFICATE. (a) A dental assistant certificate to perform coronal polishing must be renewed biennially on or before February 28 of odd-numbered years. In order to renew a certificate to perform coronal polishing, a dental assistant must submit to the department a

- (1) completed application for renewal on a form provided by the department; and
- (2) \$60 certificate renewal fee.

(b) The board will maintain a registry of dental assistants certified to perform coronal polishing under AS 08.36.342.

Authority: AS 08.36.070 AS 08.36.342

12 AAC 28.850. RESTORATIVE FUNCTIONS BY DENTAL ASSISTANTS. (a) The board will issue a certificate to perform restorative functions to a dental assistant in this state who meets the requirements of AS 08.36.344 and this section.

(b) An applicant for certification under this section must submit to the department

- (1) a complete, notarized application on a form provided by the department;
- (2) the following fees:
 - (A) \$60 nonrefundable application fee;
 - (B) \$60 certification fee;
- (3) verification that the applicant has successfully completed either

(A) a restorative function program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(B) another course of instruction approved by the board under 12 AAC 28.860; and

(4) verification that the applicant either

(A) has legal authorization from another state or jurisdiction to perform restorative functions; or

(B) within the five years immediately before the date of application for a certificate under this section, the applicant has passed either the restorative function examination of the Western Regional Examining Board or a restorative function examination approved by the board as equivalent to the restorative function examination of the Western Regional Examining Board.

Authority: AS 08.36.070 AS 08.36.344

12 AAC 28.860. APPROVAL OF RESTORATIVE FUNCTION COURSES FOR DENTAL ASSISTANTS. The board may, upon its own motion or upon request of any interested person, approve a course of instruction upon receipt of an application that includes

- (1) the name of the course sponsor;
- (2) the name and credentials of the course presenter; and
- (3) a course outline showing that the course content meets the requirements of 12 AAC 28.870.

Authority: AS 08.36.070 AS 08.36.344

12 AAC 28.870. REQUIREMENTS FOR RESTORATIVE FUNCTION COURSES FOR DENTAL ASSISTANTS. (a) A course of instruction for restorative functions for dental assistants must include

- (1) the physical, chemical, and biological properties of dental materials, including amalgam and composite materials;
- (2) the limitations and acceptability of a dental material based on the physical, chemical, and biological properties of the material;
- (3) proper safety when using dental materials, including appropriate infection control and mercury hygiene;
- (4) dental anatomy and occlusion;
- (5) isolation procedures;
- (6) proper placement and finishing of restorative materials;
- (7) assessment outcomes that measure the stated goals and objectives;
- (8) classroom hours sufficient to meet the restorative course requirements of this section;
- (9) laboratory experience to be able to place and finish all classes of restorations; and
- (10) a required clinical proficiency to establish a demonstrated ability to place and finish all classes of restorations.

Authority: AS 08.36.070 AS 08.36.344

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) completed application for renewal on a form provided by the department; and
- (2) \$60 certificate renewal fee.

(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.

Authority: AS 08.36.070 AS 08.36.344

**ARTICLE 10.
GENERAL PROVISIONS.**

Section

- 900. Current address**
- 905. Ethical standards**
- 906. Disciplinary sanctions**
- 908. Additional qualifications for licensure**
- 910. Denial of dental license**
- 912. Denial of dental hygiene license**
- 915. Application deadline for personal interview**
- 920. CPR certification**
- 925. Lapsed licenses**
- 930. (Repealed)**
- 935. Dental hygienist licensure by examination**
- 937. Dental hygienist licensure by credentials**
- 938. Dental educational requirements**
- 940. Dental licensure by examination**
- 950. (Repealed)**
- 951. Dental licensure by credentials**
- 952. (Repealed)**
- 953. Registration with the prescription drug monitoring program controlled substance prescription database**
- 955. Courtesy license**
- 956. Collaborative agreement requirements**
- 960. Registration of dental radiological equipment**
- 965. Inspection of dental radiological equipment**
- 970. Registration and inspection forms; review of completed forms**
- 990. Definitions**

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.

Authority: AS 08.36.070(a) AS 08.36.080

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.

Authority: AS 08.01.070 AS 08.36.070 AS 08.36.110
AS 08.32.160

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 28.906. DISCIPLINARY SANCTIONS. The following acts, in addition to those specified in AS 08.36.315, constitute grounds for disciplinary sanctions:

(1) failing to prepare and maintain accurate, complete, and legible records in accordance with generally accepted standards of practice for each patient or to make those records available to the board or the board's representatives for inspection for investigation purposes;

(2) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request from the patient or the patient's guardian;

(3) failing to cooperate with an official investigation by the board or the board's representatives, including failing to timely provide requested information;

(4) failing to allow the board or the board's representative, upon written request, to examine and have access to records maintained by the licensee that relate to the licensee's practice under AS 08.36;

(5) failing to report to the board, not later than 30 days after the effective date of the action, any disciplinary action against the licensee taken by another licensing jurisdiction, health care entity, or law enforcement agency.

Authority: AS 08.36.070 AS 08.36.315

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.

Authority: AS 08.01.070 AS 08.36.070 AS 08.36.110
AS 08.32.160

12 AAC 28.910. DENIAL OF DENTAL LICENSE. (a) The board will deny an application for a dental license by examination if the applicant does not meet the requirements of AS 08.36.110 and the applicable requirements of this chapter.

(b) The board will deny an application for a dental license by credentials if the applicant does not meet the requirements of AS 08.36.234 and the applicable requirements of this chapter.

(c) The board may deny an application for a dental license for the same reasons that the board may impose disciplinary sanctions upon a licensee under AS 08.36.315.

Authority: AS 08.36.070 AS 08.36.110 AS 08.36.315
AS 08.36.100 AS 08.36.234

12 AAC 28.912. DENIAL OF DENTAL HYGIENE LICENSE. (a) The board will deny an application for a dental hygiene license by examination if the applicant does not meet the requirements of AS 08.32.014 and the applicable requirements of this chapter.

(b) The board will deny an application for a dental hygiene license by credentials if the applicant does not meet the requirements of AS 08.32.030 and the applicable requirements of this chapter.

(c) The board may deny an application for a dental hygiene license for the same reasons that the board may impose disciplinary sanctions upon a licensee under AS 08.32.160.

Authority: AS 08.32.014 AS 08.32.160 AS 08.36.070
AS 08.32.030

12 AAC 28.915. APPLICATION DEADLINE FOR PERSONAL INTERVIEW. To be scheduled for a personal interview as required in AS 08.36.234, an applicant for licensure by credentials must file with the department a complete application at least 30 days before the interview will be conducted. An application is considered complete when the completed application form, all supporting documents required in AS 08.36.234 and 12 AAC 28.951, and the application and credential review fees required in 12 AAC 02.190 are filed with the department.

Authority: AS 08.36.070 AS 08.36.110 AS 08.36.234

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.

Authority: AS 08.32.014 AS 08.36.070 AS 08.36.110
AS 08.32.110

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.

Authority: AS 08.32.081 AS 08.36.070 AS 08.36.250

12 AAC 28.930. INACTIVE LICENSE RENEWAL. Repealed 12/5/2009.

12 AAC 28.935. DENTAL HYGIENIST LICENSURE BY EXAMINATION. (a) The board will issue a license by examination to practice dental hygiene to an applicant who meets the requirements of AS 08.32.014 and this section.

(b) An applicant for license under this section shall submit

(1) a complete, notarized application on a form provided by the department;

(2) the applicable fees established in 12 AAC 02.190;

- (3) as required under 12 AAC 28.908(a), a signed statement from the applicant certifying the applicant will adhere to the ethical standards specified in 12 AAC 28.905(a);
 - (4) an authorization from the applicant for release of the applicant's records to the department;
 - (5) an affidavit from the applicant that lists the license number and name of the jurisdiction for all dental hygiene licenses that the applicant holds or has ever held in any jurisdiction;
 - (6) a copy of a current certification in cardiopulmonary resuscitation (CPR) techniques that meets the requirements of 12 AAC 28.920;
 - (7) a copy of the applicant's certificate of examination from the Western Regional Examining Board (WREB) showing that the applicant has passed the clinical examination conducted by WREB within the five years immediately preceding the date of application;
 - (8) a copy of the applicant's certificate of examination that meets the requirements of AS 08.32.014(a)(1)(B).
- (c) In addition to the requirements of (b) of this section, an applicant for licensure by examination must pass the written Alaska jurisprudence examination authorized under AS 08.32.014 and conducted by the board with a passing score of at least 70 percent.
- (d) In addition to the requirements of AS 08.32.014, and (b) and (c) of this section, an applicant under this section who has not previously held a dental hygiene license in any jurisdiction before the 90 days immediately preceding the date of application shall arrange for and ensure the submission of the results of a level III Professional Background Information Services (PBIS) credentials review conducted by PBIS, sent directly to the department from PBIS.
- (e) In addition to the requirements of (b) and (c) of this section, an applicant under this section who currently holds or has ever held a dental hygiene license in any jurisdiction before the 90 days immediately preceding the date of application shall
- (1) submit the results of a level II Professional Background Information Services (PBIS) credentials review conducted by PBIS, sent directly to the department from PBIS; and
 - (2) verification of the applicant's status and complete information regarding any disciplinary action or investigation taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license.

Authority: AS 08.32.014 AS 08.32.070 AS 08.36.070

Editor's note: Information regarding the examination required under 12 AAC 28.935(b)(7) may be obtained from the Western Regional Examining Board (WREB), 2400 West Dunlap Avenue, Suite 155, Phoenix, AZ, 85021-2826; telephone: (602) 944-3315, or the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. An application for a Professional Background Information Services (PBIS) credential review under 12 AAC 28.935 may be obtained from PBIS, 23460 North 19th Avenue, Suite 225, Phoenix, Arizona, 85027; telephone: (602) 861-5867.

12 AAC 28.937. DENTAL HYGIENIST LICENSURE BY CREDENTIALS. (a) The board will issue a license by credentials to practice dental hygiene under this section to an applicant who meets the requirements of AS 08.32.014, 08.32.030, and this section.

- (b) An applicant for a license under this section shall submit to the department
 - (1) a complete, notarized application on a form provided by the department;
 - (2) the applicable fees established in 12 AAC 02.190;
 - (3) an authorization from the applicant for release of the applicant's records to the department;
 - (4) an affidavit from the applicant that lists the license number and the name of the jurisdiction for all dental hygiene licenses that the applicant holds or has ever held in any jurisdiction; and
 - (5) copies of certificates showing the applicant has completed 30 hours of continuing education during the three years immediately preceding the date of application as required under 12 AAC 28.410.
- (c) In addition to the requirements of (a) and (b) of this section, an applicant for a license under this section shall arrange for and ensure the submission of the results of a level II Professional Background Information Services (PBIS) credentials review conducted by PBIS, sent directly to the department from PBIS. The credential review must include
 - (1) a copy of a current certification in cardiopulmonary resuscitation (CPR) techniques for the applicant that meets the requirements of 12 AAC 28.920;
 - (2) a copy of the applicant's certificate of examination that meets the requirements of AS 08.32.014(a)(1)(C);
 - (3) as required under 12 AAC 28.908(a), a statement from the applicant certifying the applicant will adhere to the ethical standards specified in 12 AAC 28.905(a);
 - (4) an affidavit from the applicant documenting that during the five years immediately preceding application
 - (A) the dates and locations where the applicant has practiced dental hygiene;
 - (B) that the applicant has been in active clinical practice documenting at least 2,500 hours for five years immediately preceding application;
 - (5) if the applicant is or has ever been employed as a dental hygienist with a federal agency, verification of the current status and disciplinary history from each federal agency where the applicant is or has been employed;

(6) verification of the applicant's status and complete information regarding any disciplinary action or investigation taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license;

(7) affidavits from three licensed dentists or licensed dental hygienists stating the applicant has been in active clinical practice documenting at least 2,500 hours during the five years immediately preceding application.

(d) In addition to the requirements of this section, an applicant for a dental hygiene license must document completion of the jurisprudence examination prepared by the board, covering the provisions of AS 08.32, AS 08.36, and this chapter relating to the practice of dental hygiene, with a passing score of at least 70 percent.

Authority: AS 08.32.014 AS 08.32.070 AS 08.36.070
AS 08.32.030

Editor's note: An application for a Professional Background Information Services (PBIS) credential review under 12 AAC 28.937 may be obtained from PBIS, 23460 North 19th Avenue, Suite 225, Phoenix, Arizona, 85027; telephone: (602) 861-5867.

12 AAC 28.938. DENTAL EDUCATIONAL REQUIREMENTS. An applicant for a license to practice dentistry must be a graduate of a dental school that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association.

Authority: AS 08.36.070 AS 08.36.110

12 AAC 28.940. DENTAL LICENSURE BY EXAMINATION. (a) The board will issue a license by examination to practice dentistry to an applicant who meets the requirements of AS 08.36.110 and this section.

(b) An applicant for a license under this section shall submit

- (1) a complete, notarized application on a form provided by the department;
- (2) the applicable fees established in 12 AAC 02.190;
- (3) an affidavit by the applicant stating the applicant is not an impaired practitioner;
- (4) as required under 12 AAC 28.908(b), a statement from the applicant certifying the applicant will adhere to the ethical standards specified in 12 AAC 28.905(b);
- (5) an authorization from the applicant for release of the applicant's records to the department;
- (6) an affidavit from the applicant that lists the license number and name of the jurisdiction for all dental licenses that the applicant holds or has ever held in any jurisdiction;
- (7) a copy of a current certification in cardiopulmonary resuscitation (CPR) techniques that meets the requirements of 12 AAC 28.920;
- (8) a copy of the applicant's certificate

(A) of examination from the Western Regional Examining Board (WREB) showing that the applicant has passed the clinical examination conducted by WREB before February 1, 2019 and within the five years immediately preceding the date of application;

(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 and one composite procedure, either anterior class III or posterior class II; or

(C) showing successful completion of a two-year or more postgraduate training program approved by the Commission on Dental Accreditation of the American Dental Association, and evidence of having five years of continuous clinical practice with an average of 20 hours per week, immediately preceding the date of application; for purposes of the clinical practice requirements of this subparagraph, clinical practice may include dental school; and

(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 Examinations Part I and Part II; and

(10) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed no less than two hours of education in pain management and opioid use and addiction within the two years prior to the date of application.

(c) In addition to the requirements of (a) and (b) of this section, an applicant for licensure by examination must pass the written Alaska jurisprudence examination authorized under AS 08.36.110 and conducted by the board with a passing score of at least 70 percent.

(d) In addition to the requirements of (a) — (c) of this section, an applicant who has not previously held a dental license in any jurisdiction before the 90 days immediately preceding the date of application or in any foreign country, shall arrange for and ensure the submission of the results of a level III Professional Background Information Services (PBIS) credentials review conducted by PBIS, sent directly to the department from PBIS.

(e) In addition to the requirements of (a) — (c) of this section, an applicant who has ever been licensed in a jurisdiction before the 90 days immediately preceding the date of application or has ever been licensed to practice dentistry in a foreign country shall submit

(1) the results of a level II Professional Background Information Services (PBIS) credentials review conducted by PBIS, sent directly to the department from PBIS;

(2) verification of the status of the applicant's registration with the Drug Enforcement Administration (DEA), sent directly to the department from DEA, even if the applicant is not currently registered with the DEA; and

(3) verification of the applicant's status and complete information regarding any disciplinary action or investigation taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental license.

(f) Notwithstanding other provisions of this section, the board will issue a license to practice dentistry to an applicant who

(1) held an active Alaska dental specialty license from this state in 2012;

(2) meets the requirements of AS 08.36.110 and (b)(1) – (7) of this section; and

(3) provides a copy of the applicant's certificate of examination from the American Dental Association Joint Commission on National Dental Examinations that the applicant has successfully passed the written examinations given by the commission.

Authority: AS 08.36.070 AS 08.36.110

Editor's note: Information regarding the examination required under 12 AAC 28.940(b)(8) may be obtained from the Western Regional Examining Board (WREB), 2400 West Dunlap Avenue, Suite 155, Phoenix, AZ, 85021-2826; telephone: (602) 944-3315, or the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. An application for a Professional Background Information Services (PBIS) credentials review required under 12 AAC 28.940(c) may be obtained from PBIS, 23460 North 19th Avenue, Suite 225, Phoenix, Arizona, 85027; telephone: (602) 861-5867.

12 AAC 28.950. CESSATION OF LICENSING BY CREDENTIALS. Repealed 2/18/93.

12 AAC 28.951. DENTAL LICENSURE BY CREDENTIALS. (a) The board will issue a license by credentials to practice dentistry to an applicant who meets the requirements of AS 08.36.110, 08.36.234, and this section.

(b) An applicant for a license under this section shall submit to the department

(1) a complete, notarized application on a form provided by the department;

(2) the applicable fees established in 12 AAC 02.190;

(3) an authorization from the applicant for release of the applicant's records to the department;

(4) an affidavit from the applicant that lists the license number and name of the jurisdiction for all dental licenses that the applicant holds or has ever held in any jurisdiction;

(5) verification of the status of the applicant's registration with the Drug Enforcement Administration (DEA), sent directly to the department from DEA, even if the applicant is not currently registered with the DEA;

(6) copies of certificates showing the applicant has completed 48 hours of continuing education during the three years immediately preceding the date of application as required under 12 AAC 28.410; and

(7) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed not less than two hours of education in pain management and opioid use and addiction within the two years prior to the date of application.

(c) In addition to the requirements of (a) and (b) of this section, an applicant for a license under this section shall arrange for and ensure submission of the results of a level II Professional Background Information Services (PBIS) credentials review conducted by PBIS, sent directly to the department from PBIS. The credential review must include

(1) repealed 12/15/2013;

(2) a copy of a current certification in cardiopulmonary resuscitation (CPR) techniques that meets the requirements of 12 AAC 28.920;

(3) a copy of the applicant's certificate of examination documenting graduation from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, or its successor agency, and a copy of the applicant's certificate from the American Dental Association Joint Commission on National Dental Examination that the applicant has passed the written examination given by the commission;

(4) an affidavit from the applicant stating the applicant is not impaired to an extent that affects the applicant's ability to practice dentistry;

(5) as required under 12 AAC 28.908(b), a statement from the applicant certifying the applicant will adhere to the ethical standards specified in 12 AAC 28.905(b);

(6) an affidavit from the applicant documenting that during the five years immediately preceding application

(A) the dates and locations where the applicant has practiced dentistry;

(B) the applicant has been in active clinical practice documenting at least 5,000 hours;

(7) repealed 3/11/2016;

(8) if the applicant is or has ever been employed as a dentist with a federal agency, verification of the current status and disciplinary history from each federal agency where the applicant is or has been employed;

(9) a certification from the applicable licensing jurisdiction or testing agency, that verifies that a state, territory, or region of the United States where the applicant passed a written and clinical dental examination and has been licensed to practice dentistry has, at the time the applicant applies for licensure by credentials in this state, licensing requirements at least generally equivalent to those of this state;

(10) verification of the applicant's status and complete information regarding any disciplinary action or investigation taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental license;

(11) affidavits from three licensed dentists documenting the applicant has been in active clinical practice for at least 5,000 hours during the five years immediately preceding the date of application;

(12) three professional references from licensed dentists that reflect clinical skills that meet the standard of care, ability to exercise sound professional judgment, and professional ethics that meet the code established by the American Dental Association's *Principles of Ethics and Code of Professional Conduct* adopted by reference in 12 AAC 28.905(b).

(d) In addition to the requirements of this section, an applicant for a dental license must document completion of the jurisprudence examination prepared by the board, covering the provisions of AS 08.32, AS 08.36, and this chapter relating to the practice of dentistry, with a passing score of at least 70 percent.

(e) To determine whether the examination portion of the licensing requirements of another jurisdiction are generally equivalent to those of this state, the examinations for licensure in that jurisdiction must include at least six of the following subject areas and their components or characteristics:

(1) periodontics; clinical abilities testing;

(2) endodontics; clinical abilities testing;

(3) amalgam; clinical abilities testing;

(4) cast gold; clinical abilities testing;

(5) prosthetics; written or clinical abilities testing;

(6) oral diagnosis; written or clinical abilities testing;

(7) other restorative procedure; clinical abilities testing;

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

(9) constructive response testing.

(f) If the licensing requirements of another jurisdiction are determined to not be generally equivalent to those of this state because a subject area specified in (e)(1) – (9) of this section was not included in the other jurisdiction's licensing examination, the board will determine if the applicant meets the requirements for that subject area.

(g) The personal interview of the applicant required in AS 08.36.234(d) will be scheduled as provided in 12 AAC 28.915.

(h) In this section, "clinical abilities testing" means an examination that

(1) evaluates a candidate's performance of a procedure or portion of a procedure;

(2) is conducted for the purpose of demonstrating an acceptable level of practical skill in a subject; and

(3) uses a live patient, laboratory simulation, or interactive computer simulation.

Authority: AS 08.36.070 AS 08.36.110 AS 08.36.234

Editor's note: An application for a Professional Background Information Services (PBIS) credential review under 12 AAC 28.951(c) may be obtained from PBIS, 23460 North 19th Avenue, Suite 225, Phoenix, Arizona, 85027; telephone: (602) 861-5867.

12 AAC 28.952. DENTAL SPECIALTY LICENSE. Repealed 12/15/2013.

12 AAC 28.953. REGISTRATION WITH THE PRESCRIPTION DRUG MONITORING PROGRAM CONTROLLED SUBSTANCE PRESCRIPTION DATABASE. A dentist who holds a federal Drug Enforcement Administration registration number must register and comply with the controlled substance prescription database under AS 17.30.200.

Authority: AS 08.36.070 AS 08.36.234 AS 17.30.200
AS 08.36.110

12 AAC 28.955. COURTESY LICENSE. (a) The board will issue a courtesy license to practice dentistry or dental hygiene 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.

(b) The board will consider a limited purpose for a courtesy license to be the practice of dentistry or dental hygiene to underserved persons by a dentist or dental hygienist who has entered a written contract with a non-profit organization, charitable organization, or governmental agency.

(c) An applicant for a courtesy license under this section shall submit to the department a completed, notarized application on a form provided by the department. An application must include

(1) the applicable application and license fees established in 12 AAC 02.190;

(2) a description of the scope of practice of dentistry or dental hygiene required to perform the duties for which the courtesy license is to be issued; the description must include the practice location, duration of practice, and patient population to be seen; the applicant must demonstrate to the board's satisfaction that the scope of practice of dentistry or dental hygiene is for a limited purpose set out in this section;

(3) a verification of a current license to practice dentistry or dental hygiene in good standing in another state or other jurisdiction with requirements at least equivalent to those of this state at the time of application under this section and that the licensee is not under investigation in the state or other jurisdiction in which the applicant is licensed; and

(4) a description in sufficient detail for the board to evaluate the circumstances under which the applicant will be practicing under any courtesy license issued, including the name and license number of the supervising dentist licensed to practice in this state if the applicant is working in a supervised clinic.

(d) A courtesy license issued under this section is nonrenewable and is valid for a period not to exceed either a total of 40 days of practice during a 12-consecutive-month period or the duration of the limited purpose approved under this section for the courtesy license holder, whichever is less. A person will not be issued more than one courtesy license under this section in a 12-month period.

(e) A courtesy license holder may not use a courtesy license

(1) for the purposes of locum tenens coverage;

(2) to serve in place of a license under AS 08.32 or AS 08.36;

(3) for the purposes of employment consideration, if licensure is required under AS 08.32 or AS 08.36; or

(4) for receipt of remuneration directly or indirectly for practicing dentistry or dental hygiene requiring licensure under this chapter.

(f) A holder of a courtesy license for dental hygiene may practice only under this section and under the general supervision of a dentist licensed in Alaska.

(g) While practicing under a courtesy license issued under this section, the holder of the courtesy license is obligated to uphold the standards of practice identified in AS 08.32, AS 08.36, and in this title for the relevant provisions, and is subject to the relevant disciplinary provisions in AS 08.32, AS 08.36 and this title for actions taken or omitted while practicing under the courtesy license.

(h) The board may refuse to issue a courtesy license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.32.160, 08.32.165, and AS 08.36.315.

(i) In this section,

(1) "remuneration" does not include reimbursement for actual reasonable expenses incurred for travel, food, and lodging;

(2) "underserved persons" means individuals and groups of individuals whose access to dental health care in this state is limited or nonexistent due to geographic or economic factors, including low income and rural residence.

Authority:	AS 08.01.062	AS 08.32.165	AS 08.36.234
	AS 08.32.160	AS 08.36.110	AS 08.36.315

12 AAC 28.956. COLLABORATIVE AGREEMENT REQUIREMENTS. (a) The board may approve a collaborative agreement between a dental hygienist licensed under AS 08.32 and a dentist licensed under AS 08.36 and who is affiliated with an active dental practice in this state, if the collaborative agreement meets the requirements of AS 08.32.115 and that the dental hygiene and the dental licenses are in good standing. The applicant must submit

(1) a completed, notarized application on the form provided by the department, which includes the names and license numbers of the collaborating dentist and dental hygienist, and the name and location of the dentist's affiliated practice;

(2) the applicable fees required in 12 AAC 02.190;

(3) an affidavit stating that the applicant has a minimum of 4,000 hours of clinical experience within the five years preceding the date of application;

(4) a copy of current certification in cardiopulmonary resuscitation (CPR) techniques for the applicant that meets the requirements of 12 AAC 28.920;

(5) a copy of the applicant's and the collaborating dentist's current professional liability policy or declaration page that includes the policy number and expiration date;

(6) an evidence of continuing educational courses meeting the requirements of the collaborative agreement;

(7) a written agreement including

(A) identification of each affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship;

- (B) identification of the procedures that can be performed in accordance with AS 08.32.115 and standing orders that the dental hygienist must follow;
- (C) a requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside of the dental hygienist's scope of practice;
- (D) starting and ending dates of the collaboration;
- (E) patient record location;
- (F) patient billing process.
- (b) The dental hygienist and the affiliated dentist must notify the board of any amendments to the agreement.
- (c) The board may not approve a collaborative agreement to a dental hygienist if
 - (1) the affiliated dentist has five current collaborative agreements under this section;
 - (2) the applicant or affiliated dentist is under unresolved investigation under AS 08.32 – 08.36 or this chapter, or a similar provision of another jurisdiction;
 - (3) during the five years immediately preceding the date of application, the applicant or affiliated dentist is the subject of adverse disciplinary action under AS 08.32 – 08.36 or this chapter, or a similar provision of another jurisdiction.
- (d) In addition to the continuing education requirements in 12 AAC 28.400 – 12 AAC 28.420, a dental hygienist who wishes to practice under a collaborative agreement must complete an additional four contact hours of continuing education per biennial license renewal period in one or more of the following subject areas:
 - (1) medical emergencies;
 - (2) pediatric and other special health care needs;
 - (3) pharmacology;
 - (4) oral pathology;
 - (5) public health or other eleemosynary facility, relating to, or supporting charity;
 - (6) patient management;
 - (7) general medicine and physical diagnosis;
 - (8) jurisprudence relating to unsupervised practice.
- (e) An affiliated dentist in a collaborative agreement must
 - (1) be available to provide contact, communication, and consultation with the affiliated dental hygienist;
 - (2) adopt standing orders applicable to dental hygiene procedures that may be performed by the dental hygienist.
- (f) A dental hygienist authorized in a collaborative agreement
 - (1) may perform any dental operations or other services the dental hygienist is authorized to perform under AS 08.32.110 and this chapter, and those dental operations and other services authorized under the collaborative agreement, if approved by the board;
 - (2) must maintain contact, communication, and consultation with the affiliated dentist; and
 - (3) before performing any dental hygiene services, shall assess the patient, gather data, interpret the data, determine the patient's dental hygiene treatment needs, and formulate a patient care plan.
- (g) A dental hygienist authorized in a collaborative agreement shall
 - (1) maintain dental charts and other records for the patients who are treated by the dental hygienist; the collaborative agreement must specify where these records are to be secured;
 - (2) document in the patient's official chart the name of the affiliated dentist;
 - (3) document all referrals.
- (h) A collaborative agreement
 - (1) expires immediately on date agreed upon by the collaborating dental hygienist and dentist and approved by the board;
 - (2) may not have a term exceeding two years.
- (i) If a dental hygienist and affiliated dentist in a collaborative agreement end their affiliation before the expiration date of the collaborative agreement, each shall notify the board within 30 days of the end of the affiliation.
- (j) Before or upon the expiration of the collaborative agreement, the board may renew a collaborative agreement if the applicant submits a new completed application under this section.
- (k) The board shall maintain in registry of all current collaborative agreements.

Authority: AS 08.32.115 AS 08.32.187 AS 08.36.070

12 AAC 28.960. REGISTRATION OF DENTAL RADIOLOGICAL EQUIPMENT. (a) Dental radiological equipment with a valid registration from the Department of Health and Social Services under AS 18.60.475 as of September 6, 1998 is considered registered with the board under AS 08.36.075 and this section.

- (b) Repealed 3/11/2016.
- (c) Repealed 3/11/2016.
- (d) The owner or lessee of dental radiological equipment that is registered under this section shall notify the board, in writing, within 60 days after the equipment is sold, relocated, or no longer in use.
- (e) To register dental radiological equipment, the owner or lessee of the equipment shall submit a completed registration form, adopted by reference in 12 AAC 28.970(b).

(f) Upon receipt of a completed registration form, the board will issue a registration seal to the owner or lessee of the equipment if it meets the requirements of AS 08.36.075, this section, and 12 AAC 28.965. The owner or lessee of the equipment shall ensure that the registration seal is attached to the equipment that is registered under this section.

Authority: AS 08.36.070 AS 08.36.075

Editor's note: A copy of the list of dental radiological equipment registered under 12 AAC 28.960(a) is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806.

12 AAC 28.965. INSPECTION OF DENTAL RADIOLOGICAL EQUIPMENT. (a) The owner or lessee of dental radiological equipment must have that equipment inspected within six years from the date that the equipment was first registered with the board under 12 AAC 28.960. The owner or lessee of dental radiological equipment must have that equipment inspected again at least once during every six-year period following the initial inspection.

(b) The inspection of dental radiological equipment must

(1) repealed 9/26/2018;

(2) be documented by the inspector on the form adopted by reference in 12 AAC 28.970(c); and

(3) meet or exceed, and must determine whether the equipment meets or exceeds, the standards applicable to dental radiological equipment in the *"Suggested State Regulations for the Control of Radiation,"* Part F, published by the Conference of Radiation Control Program Directors, Inc., May, 2009 edition, adopted by reference.

(c) Repealed 3/11/2016.

(d) Repealed 3/11/2016.

(e) Upon receipt of a form documenting an inspection that meets the requirements of AS 08.36.075 and this section, the inspector shall issue to the owner or lessee of the dental radiological equipment, an inspection seal indicating the date by when the equipment must be inspected again. The owner or lessee shall ensure that the inspection seal is placed on the equipment in a location visible to persons operating the equipment.

(f) Owners or lessees of dental radiological equipment shall maintain records that document compliance with the requirements of AS 08.36.075, 12 AAC 28.960, and this section. The records shall be made available to the board or its designee for inspection.

(g) Repealed 3/11/2016.

(h) An inspector who performs an inspection of dental radiological equipment shall complete and submit the form titled *"Inspection of Dental Radiological Equipment,"* adopted by reference in 12 AAC 28.970(c), to the owner or lessee of the equipment after the inspection.

Authority: AS 08.36.070 AS 08.36.075

Editor's note: A copy of the *"Suggested State Regulations for the Control of Radiation,"* Part F, published by the Conference of Radiation Control Program Directors, Inc., May, 2009 edition, adopted by reference in 12 AAC 28.965, is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or may be obtained from the Conference of Radiation Control Program Directors, Inc., 1030 Burlington Lane, Suite 4B, Frankfort, KY 40601-2832; telephone: (502) 227-4543.

12 AAC 28.970. REGISTRATION AND INSPECTION FORMS; REVIEW OF COMPLETED FORMS.

(a) A registration seal or inspection seal may not be issued unless the information on the completed form meets the requirements of AS 08.36.075, and of 12 AAC 28.960 and 12 AAC 28.965, as applicable.

(b) The form titled *"Radiological Equipment Registration Form,"* dated February 2014, is adopted by reference. This form is established by the board for review by staff of the registration of dental radiological equipment under 12 AAC 28.960.

(c) The form titled *"Inspection of Dental Radiological Equipment,"* dated February 2014, is adopted by reference. This form is established by the board for use by inspectors of dental radiological equipment, and for review by staff of the documentation of the inspection of that equipment, under 12 AAC 28.965.

Authority: AS 08.36.070 AS 08.36.075

Editor's note: The forms listed in 12 AAC 28.970 are available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806; phone (907) 465-2542.

12 AAC 28.990. DEFINITIONS. (a) In this chapter,

(1) "administer local anesthetic agents" means to administer an agent that induces local anesthesia and to administer that agent by injection, both infiltration and block, limited to the oral cavity, for the purposes of pain control;

- (2) "American Association of Dental Examiners Clearinghouse for Board Actions" means the American Association of Dental Examiners information source described in AS 08.36.110(a)(1)(F);
- (3) "board" means the Board of Dental Examiners;
- (4) "coronal polishing," within the meaning given in AS 08.36.370, means removal of supragingival plaque and stains from teeth without calculus, including the removal of soft deposits, such as materia alba, plaque, and stains from the anatomical crowns of the teeth;
- (5) "deep sedation" means a drug-induced depression of consciousness during which
- (A) patients cannot be easily aroused but respond purposefully following repeated or painful stimulation;
 - (B) the ability to independently maintain ventilatory function may be impaired;
 - (C) patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate; and
 - (D) cardiovascular function is usually maintained;
- (6) "department" means the Department of Commerce, Community, and Economic Development;
- (7) "facility" means a dental practice, office, or clinic that is subject to the requirements of AS 08.36.367;
- (8) "general anesthesia" means a drug-induced loss of consciousness during which
- (A) patients are not arousable, even by painful stimulation;
 - (B) the ability to independently maintain ventilatory function is often impaired;
 - (C) patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function; and
 - (D) cardiovascular function may be impaired;
- (9) "local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug;
- (10) "minimal sedation" means a minimally depressed level of consciousness, produced by a pharmacological method, in which
- (A) the patient retains the ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command; and
 - (B) although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected;
- (11) "moderate sedation" means a drug-induced depression of consciousness, during which
- (A) a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation;
 - (B) no interventions are required to maintain a patent airway, and spontaneous ventilation is adequate; and
 - (C) cardiovascular function is usually maintained;
- (12) "nitrous oxide sedation" means 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;
- (13) "radiological equipment" means a control panel and associated radiological tubeheads capable of exposing a dental patient to x-rays;
- (14) "restorative function" means under the direct supervision of a licensed dentist, to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.
- (b) In AS 08.32, AS 08.36, and this chapter, unless the context requires otherwise, "jurisdiction" means a state or territory of the United States.

Authority:	AS 08.32.085	AS 08.36.342	AS 08.36.346
	AS 08.36.070	AS 08.36.344	

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

February 15, 2019

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

Zoom Webinar Number and ID:

Zoom Webinar: 1(408)638-0968

Meeting ID: 938-025-193

<https://zoom.us/j/938025193>

AGENDA

	<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
1.	8:30 a.m.	Call to Order/Roll Call	CHAIR
2.	8:35 a.m.	Review of Agenda	CHAIR
3.	8:40 a.m.	Review/Approve Minutes	CHAIR
		○ December 7, 2018	
4.	8:45 a.m.	OAH Review	Judge Pederson
		○ 18-0527-DEN	
5.	9:00 a.m.	Radiologic Equipment	Bernard Jilly HSS / CHAIR
6.	9:30 a.m.	Ethics Report	CHAIR
7.	9:45 a.m.	Break	CHAIR
8.	10:00 a.m.	Investigative Report	Bautista
		○ Investigative & Probationary Report	
		○ Boards Authority to Request Subpoena's & the Investigative Process	
9.	10:30 a.m.	Public Comment	CHAIR

10. 10:45 a.m. **Regulations Review** **Regulations Specialist Zinn**
- Review and Amend or Approve Regulations
11. 11:30 p.m. **Military Experience in Lieu of Licensing Requirements** **CHAIR**
12. 12:00 p.m. **Lunch** **CHAIR**
13. 1:00 p.m. **Division Update** **Ward/Chambers**
- Review requested budget breakdown.
11. 2:00 p.m. **Sign Wall Certificates** **CHAIR**
12. 2:15 p.m. **PDMP Investigative Memos** **Laura Carrillo**
13. 2:45 p.m. **Break** **CHAIR**
13. 3:00 p.m. **AAFDO** **Stephen Harden/CHAIR**
- Discuss SAMERI
14. 3:45 p.m. **Board Business** **CHAIR**
- Radiological Regulations Drafting Discussion
 - Approved Regulations Going into Effect on 02/21/2019
 - Use of CBD Oil in Professions overseen by CBPL
 - Dental Board Task List
15. 4:30 p.m. **Adjourn** **CHAIR**

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**

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**MINUTES OF MEETING
December 7, 2018**

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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.

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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 December 7, 2018, via Zoom Videoconferencing.

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46
47
48

The meeting was called to order by Dr. Paul Silveira, President, at 8:36 a.m.

Agenda Item 1 - Roll Call

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

Dr. Paul Silveira, President – Valdez
Ms. Gail Walden – Wasilla
Dr. David Nielson – Anchorage
Ms. Paula Ross – Anchorage
Dr. Thomas Kovaleski – Chugiak
Dr. Steven Scheller – Fairbanks
Ms. Robin Wahto - Anchorage

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

Ms. Amber Treston, Records and Licensing Supervisor – Juneau
Ms. Jasmin Bautista, Investigator – Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau – Teleconference
Ms. Marilyn Zimmerman, Paralegal – Juneau - Teleconference

Members of the public in attendance:

Dr. Kenley Michaud – Anchorage
Dr. David Logan – Anchorage

Agenda Item 2 – Review of Agenda

Dr. Kovaleski requests to be added to the agenda item #11 to discuss the DERB update report.

49 On a motion duly made by Nielson, seconded by Walden, and approved unanimously by
50 roll call vote, it was **RESOLVED** to approve the agenda with the addition of the DERB
51 update by Dr. Kovaleski.

52
53 **Agenda Item 3 – Review/Approve Minutes**

54
55 Reviewed meeting minutes from the August 24, 2018 Board Meeting.

56
57 On a motion duly made by Silveira, seconded by Ross, and approved unanimously by a roll
58 call vote, it was **RESOLVED** to approve the minutes of the August 24, 2018 Board Meeting.

59
60 Reviewed the meeting minutes for September 17, 2018 Teleconference.

61
62 On a motion duly made by Walden, seconded by Silveira, and approved unanimously by a
63 roll call vote, it was **RESOLVED** to approve the minutes of the September 17, 2018
64 Teleconference.

65
66 Reviewed the meeting minutes for September 28, 2018 Teleconference.

67
68 On a motion duly made by Silveira, seconded by Nielson, and approved unanimously by a
69 roll call vote, it was **RESOLVED** to approve the minutes of the September 28, 2018
70 Teleconference.

71
72 Reviewed the meeting minutes for November 9, 2018 Teleconference.

73
74 On a motion duly made by Walden, seconded by Ross, and approved unanimously by a roll
75 call vote, it was **RESOLVED** to approve the minutes of the November 9, 2018
76 Teleconference.

77
78 Reviewed the meeting minutes for December 9, 2016 Teleconference. Reviewing line 142-
79 143, Walden brings up CODA and said she learned from a recent HERB meeting that Texas
80 had to remove CODA from all their statutes and Regs. Walden will look into this and get the
81 supporting documents for this statement.

82
83 On a motion duly made by Silveira, seconded by Nielson, and approved unanimously by a
84 roll call vote, it was **RESOLVED** to approve the minutes of the December 9, 2016
85 Teleconference.

86
87 **Agenda Item 4 – Ethics Report**

88
89 Dr. Silveira states that it is important that if any board members have a conflict of interest it is
90 important to state that there is a conflict and recuse themselves from voting. No conflicts to report
91 at this time.

92
93 Running ahead of schedule and elected to discuss Agenda Item 15 at this time.

94
95
96 **Agenda Item 15 – Administering IV medication**

97 Discussed dentists or oral surgeons who administer IV medications and if their assistants are
98 qualified to push the medications. There is nothing in statute or regulations to specify and the board
99 does not feel they need to place it in regulation. The medications administered need to be under
100 direct supervision of the sedation permit holder.

101
102 Radiologic Equipment

103
104 AAG Wilson joined the meeting and the board began the discussion of the Radiologic Inspections
105 and if the board can direct this back to the state and have the Radiologic Health Specialist keep track
106 of the dental radiologic equipment. Regulation attorney Steve Weaver had previously addressed this
107 topic and determined the board does not have statutory authority to have regulations for licensing
108 radiologic inspectors without having authority to do so without having regulations in place for the
109 radiologic equipment. The board requests that an employee with the State Division of Public Health
110 attend the next board meeting and discuss Radiological Health.

111
112 The board requests information regarding Smile Direct and she explains that she does not have any
113 new information to provide at this time.

114
115 Agenda Item 14 - Local Anesthetic Certificate

116
117 The board was ahead of schedule and elected to discuss Agenda Item 14. Reviewed the regulation 12
118 AAC 28.320 and determined that an applicant who is applying for their local anesthetic certificate
119 will have to comply with either (a) or (b) of this section. If an applicant took WREB greater than 5
120 years prior to the date of application then they will be required to provide proof of administering
121 local anesthetic on an average of once per week for two years prior to the date of application.

122
123 Agenda Item 5 – Investigative Report

124
125 **On a motion duly made by Silveira, seconded by Nielson, and approved unanimously by roll**
126 **call vote, it was RESOLVED to go in to executive session in accordance with Alaska Statute**
127 **44.62.310(c)(3) for the purpose of discussing investigative matters which by law, municipal**
128 **charter, or ordinance are required to be confidential. Board staff to remain during this**
129 **session**

130
131 Off the record at 9:21 a.m.

132 On the record at 9:54 a.m.

133
134 Roll Call

135
136 Those present, constituting a quorum of the board, were:

137
138 Dr. Paul Silveira, President – Valdez
139 Ms. Gail Walden – Wasilla
140 Dr. David Nielson – Anchorage
141 Ms. Paula Ross – Anchorage
142 Dr. Thomas Kovaleski – Chugiak
143 Dr. Steven Scheller – Fairbanks
144 Ms. Robin Wahto - Anchorage

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

Ms. Amber Treston, Records and Licensing Supervisor – Juneau
Ms. Jasmin Bautista, Investigator – Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau

Members of the public in attendance:

Dr. Kenley Michaud – Anchorage
Dr. David Logan – Anchorage

Bautista gave the investigative report for the period between August 21, 2018 through December 5, 2018 informing the board of the number of cases opened (6), number of cases closed (8), and total number of cases that remain open at this time (24). Bautista explained that the rest of the cases are in the report.

Jasmin requests that the board continue to check their emails as many of these open cases are ready to be closed but they need to be reviewed by a board member first. The board requests that Jasmin send any emails again as they may not have received these the first time.

On a motion duly made by Dr. Nielson, seconded by Wahto, and approved unanimously by roll call vote, it was RESOLVED to adopt the Consent Agreement with the recommended fee change from a civil fine of \$3,000 to \$2,000 suspended for case No. 2018-000465.

Case No. 2018-000465 involved a consent agreement for a dental license for Ronald Teel, license #DEND340.

On a motion duly made by Walden, seconded by Nielson, and approved unanimously by roll call vote, it was RESOLVED to adopt the Consent Agreement for case No. 2018-000026.

Case No. 2018-000026 involved a consent agreement for a dental license for Michael Helmbrecht, license #DEND563.

On a motion duly made by Walden, seconded by Ross, and approved unanimously by roll call vote, it was RESOLVED to adopt the Consent Agreement for case No. 2018-000398.

Case No. 2018-000398 involved a consent agreement for a dental license for Lonnie Anderson, license #DEND874.

Off the record at 10:02 a.m.

On the record at 10:17 a.m.

Agenda Item 7 - Public Comment

192 Dr. Michaud has a comment about who can safely administer IV medications. He states that he
193 takes his assistants to Las Vegas to the American Dental Society of Dental Anesthesia course where
194 they certify their assistants in administering IV medications. This course specifically states that the
195 assistant is not qualified to push the IV medications and it is the responsibility of the dentist and oral
196 surgeon to stop the procedure and administer the medications as this is what is stated on a National
197 standpoint. No dental assistant is licensed to administer these medications and he does not
198 recommend this being allowed in Alaska. If a dental hygienist is required to obtain a certificate to
199 administer Local Anesthetic then a dental assistant should have to be qualified to push the
200 medications even under direct supervision.

201
202 Dr. Logan with the Alaska Dental Society brings up the Radiologic Inspections regulations and
203 trying to get inspectors involved. He feels they are trying to build something to open up a regulation
204 that allows individuals to inspect the radiologic equipment, however, he does not know there are any
205 interested individuals. Dental offices are becoming concerned about being out of compliance with
206 the radiologic equipment as there is no one who can inspect these. He suggests panoramic and cone
207 beam computed tomography machines be inspected by the state and request the state not inspect
208 the tube heads as these either work or they don't and they are not a high level of radiation. Walden
209 requests that a state employee with the Division of Radiology come and talk with the board at the
210 next board meeting.

211
212 **Agenda Item 8 – Sedation Regulations**

213
214 Dr. Nielsen inquired if the board wanted to begin looking at draft changes to regulation 28.010 or
215 28.015 first? Dr. Nielsen went on to explain that Dr. Rhoton may have had confusion at a previous
216 meeting because there was not a clearly understood pathway to obtain a moderate sedation permit
217 on a patient under 13 years of age. Dr. Nielsen stated he believed this would be a main issue that
218 needs to be cleared up by the board.

219
220 Dr. Nielsen then suggested the board focus on the new regulations 28.025, 28.026, and 28.027. He
221 states these new regulations removed the 60-hour course requirement and 20 patient cases option
222 that allowed someone to get a moderate sedation permit for patients younger than 13 years of age.
223 He stated the specified requirements for courses providing moderate sedation to patients under 13
224 years of age do not exist and perhaps that option should be removed altogether from requirements
225 of 28.015.

226
227 Dr. Nielsen then moved to discuss the proposed changes to draft 28.010 (B) suggesting the 20 of
228 the 50 anesthesia or deep sedation cases were individually managed patients under 13 years of age
229 and should include the term, "at least," before 20 of the 50 patients stating there is no need to have
230 an exact number for the renewal if the applicant renewing has performed the required sedation cases
231 on over 20 patients during the renewal cycle. He then referred to the proposed a change in the same
232 regulation to use, "on," instead of individually managed for 28.010(B), but has no problems leaving
233 the wording, "individually managed," if the board decides.

234
235 Discussion then ensued from Ms. Walden regarding proper check boxes on the renewal forms for
236 the deep sedation and general anesthesia permits. There will need to be a check box for ACLS and
237 PALS to check on the renewal. The board also discussed when the applicant will need to submit
238 proof of patient cases and ACLS/PALS certification. Treston addressed the board reminding them
239 they have discussed this previously and are okay with the documentation being requested in the

240 event of an audit which coincides with the same procedure for submission of proof of CE's for
241 renewals. It was stated by Dr. Nielsen that a box could be checked on the affidavit stating the
242 applicant certifies that they completed at least 20 of the 50 anesthesia or deep sedation cases on
243 patients under 13 years of age. Documentation would then be requested in the event of an audit.
244

245 Ms. Walden presented some questions regarding the clarification of 28.010(e)(1)(B) and wonders if
246 there should be an additional (C) added to include some applicants that are neither pediatric or both
247 adult and pediatric deep or general anesthetic permit holders? Dr. Nielsen stated the proposed
248 changes need to go back out for public comment but under 28.010(e)(1)(A) and (B), if you are going
249 to provide deep sedation on both age groups then there is a requirement for 4 contact hours of
250 continuing education related specifically to hands-on advanced airway management for patients
251 under 13 and patients over 13 for a total of 8 hours. There was no recommendation for an addition
252 of (C) to 28.010.
253

254 Dr. Nielsen stated he thought there was a regulation component of 28.010 that made a designation
255 on dental licenses stating if a licensee has the option to deeply sedate patients under 13 and if they
256 check the box on the renewal indicating they have PALS they should be provided the designation
257 indicating the ability to legally provide deep sedation of patients under 13. The board continued
258 discussion of the license endorsement and the certification of PALS completion along with
259 continuing the discussion of proposed changes to 28.010(B) regarding the use of the words, "at
260 least," and "on."
261

262 Dr. Nielsen suggested the board review 28.015(e)(1)(B) which was the next suggested change in the
263 regulations and add a reference to the new regulations 28.026 after the word, paragraph. Dr.
264 Nielsen then directed the board to the proposed changes under 28.015(e)(2)(A) to discuss adding a
265 reference to 28.027(b). Next Dr. Nielsen directed the board to look at 28.015(e)(2)(B) to discuss the
266 addition of the following wording after the word, age: "while under the supervision of a sedation
267 provider holding a current moderate or deep sedation permit in good standing for patients under 13
268 years of age or a Certified Registered Nurse Anesthetist (CRNA) with a valid license under AS 08.68
269 and 12 AAC 44 from the Board of Nursing." Ms. Walden asked if it would make a difference if the
270 nurses were certified in a state other than AK? Dr. Nielsen stated they can take the CRNA out of
271 the regulations but the board is attempting to be inclusive of all sedation options. Ms. Walden also
272 believes that being a, "sedation provider," would include an anesthesiologist, nurse anesthetist, and
273 deep or moderate sedation provider. It was recommended that the regulation wording to
274 28.015(e)(2)(B) include, "under the supervision of a sedation provider holding a current moderate or
275 deep sedation permit in good standing in this state or another jurisdiction that is valid for patients
276 under 13 years of age or hold a valid CRNA license of good standing in this state or another
277 jurisdiction."
278

279 Dr. Nielsen then directed the board to 28.010 (f) stating that licensees issued a deep sedation permit
280 do have the designation noted for patients under 13 years of age. This is in opposition to the
281 previously held opinion that there was no need to make a distinction based on the level of training.
282 The distinction to deep sedation permits is included on the license and was incorrectly believed to
283 not be listed.
284

285 Dr. Nielsen directed the board to review the current regulations 28.015(f)(1) and (2) and suggests
286 removing (1) and all references to the 60 hour CE course in pediatric moderate sedation and say,
287 "provide documentation that applicant has completed a commission on dental accreditation

288 (CODA) accredited residency in pediatric dentistry and proof of administration of sedation for at
289 least 20 individually managed patients younger than 13 years of age to establish competency and
290 clinical experience in management of a compromised airway.” There was discussion this change
291 would eliminate all pathways to the moderate sedation permit for pediatric patients without the
292 residency in pediatric dentistry. Dr. Nielsen stated that there are no specific courses for moderate
293 sedation in pediatric dentistry aside from a residency in pediatric dentistry. There was discussion
294 that if a 60-hour course that covers the required content comes into existence the board could
295 discuss changing the regulation at that time.

296
297 The board discussed the fact that a moderate sedation permit for adult patients is in existence and it
298 requires an instructor verifying competency of students and complies with ADA guidelines. There
299 currently is no course like that for moderate sedation of pediatric patients so it is safer and follows a
300 more stringent standard of care to require the pediatric dentistry residency.

301
302 Dr. Nielsen directed the board to the next draft regulation change 28.015(h)(5)(B) that adds the
303 words, “at least,” before 10 of the 25 moderate sedation cases and stated to leave, “individually
304 managed.” Moving on to proposed draft change to 28.015(j), Dr. Nielsen noted that the change has
305 already been made. There was discussion to add reference to 28.027(b) under 28.015(j)(1) for
306 clarification. Under the proposed change to 28.015(j)(2) Dr. Nielsen suggested the exact same
307 language used before for regulation 28.015(e)(2)(B): “under the supervision of a sedation provider
308 holding a current moderate or deep sedation permit in good standing in this state or another
309 jurisdiction that is valid for patients under 13 years of age or hold a valid CRNA license of good
310 standing in this state or another jurisdiction.”

311
312 Dr. Nielsen directed the board to the new regulations 28.025, 28.026, and 28.027. Dr. Nielsen stated
313 he had no major suggestions to changes to the regulations but indicated the comma in the heading
314 of 28.025 makes a huge difference which may be confusing to some applicants. Other than the
315 placement of the comma in the title of the regulation there were no other proposed changes to
316 28.025.

317
318 Dr. Nielsen directed the board to review 28.026 which covers the requirements for moderate
319 sedation of patients over 13 years of age. He mentioned the requirements include ADA required
320 courses, PACE courses, and an instructor signing off on the competency of the applicant. There
321 were no questions or suggested changes from the board regarding 28.026.

322
323 Next the board was prompted to review 28.027. Dr. Nielsen had some suggested changes to the
324 heading of 28.027 regarding the use of a comma. He thinks it should be, “requirements for
325 continuing education courses in moderate sedation for patients under age 13.” He is not sure of a
326 need for the word minimal sedation or the use of the comma. Dr. Kovaleski was in agreement about
327 not using the term, “minimal sedation.” It was suggested by other members to remove the comma
328 and include the word and. The regulation would read, “Requirements for continuing education
329 courses in moderate sedation and minimal sedation for patients younger than 13 years of age.” It
330 was stated that the approval of these moderate sedation permits for patients under 13 will be
331 determined on a case by case basis.

332
333 Regulations specialist Zinn stated she would prepare a draft of the proposed changes and e-mail to
334 the board. Once the board has reviewed the newly drafted regulations with their suggested changes,
335 a motion could be made to approve or deny the regulation changes and submit them for public

336 comment. The board members were enthusiastic about moving to adopt the new regulations. The
 337 board decided to take a lunch.
 338 Off Record: 11:58 A.M.
 339 On Record: 1:03 P.M.

340
 341 **Roll Call**
 342

343 Those present, constituting a quorum of the board, were:
 344

- 345 Dr. Paul Silveira, President – Valdez
- 346 Ms. Gail Walden – Wasilla
- 347 Dr. David Nielson – Anchorage
- 348 Ms. Paula Ross - Anchorage
- 349 Dr. Thomas Kovaleski – Chugiak
- 350 Dr. Steven Scheller – Fairbanks
- 351 Ms. Robin Wahto - Anchorage

352
 353 In attendance from the Division of Corporations, Business & Professional Licensing,
 354 Department of Commerce, Community and Economic Development were:

- 355 Ms. Amber Treston, Records and Licensing Supervisor – Juneau
- 356 Ms. Marylene Wales, Accountant III - Juneau
- 357 Ms. Sher Zinn, Regulation Specialist – Juneau

358
 359 Public Members in attendance:

- 360 Dr. David Logan – ADS President, Juneau

361 **Agenda Item 10 – Division Update**
 362

DEN	EOY FY 2018
Licensing Revenue	179,011
Personal Services	<u>164,638</u>
Travel	9,189
Contractual	<u>50,681</u>
Supplies	493
Total Direct Expenditures	225,001
Indirect Expenditures	188,796
<u>Total Expenses</u>	413,797
Annual Surplus (Deficit)	(234,786)
<u>Beginning Cumulative Surplus (Deficit)</u>	<u>182,802</u>
<u>Ending Cumulative Surplus (Deficit)</u>	(51,984)

364
 365 Division Accountant III Marylene Wales presented the board with the end of year Division report
 366 for 2018. During FY 2018 the Dental Board acquired less license revenue than odd numbered years
 367 because 2018 is a non-renewal year. During FY 2017, the Dental Board acquired more licensing
 368 revenue due to licensing renewals.
 369

370 Division Accountant III Marylene Wales directed the board to the additional pages of the Division
371 report and discussed indirect expenditures. She noted a 14,800.00 charge for the Dental Boards use
372 of an expert witness for approximately 8 hours. The board would like a breakdown of the charges
373 for the expert witness. The dental board is requesting a breakdown of the cost.

374
375 There was a total of 25,864.14 paid for interagency legal services. It was noted that 8011.41 of the
376 25,864.14 was for an investigation. 17,852.73 of the 25,864.14 was for professional services. Dr.
377 Nielsen inquired if the Dental Board was responsible for the cost of an investigation of a Dentist in
378 Alaska and it was determined that the dental board was responsible for that fee. A request from the
379 Board was made for the breakdown of the expert witness fees, the breakdown of the 25,864.14
380 investigative fees, the breakdown of the 21,468.09 on personal services transfer and the cost to the
381 board for every case number in FY 2018. The board asked Ms. Wales to recap the information to be
382 provided and it was stated that more detailed information would be obtained for 1970 (Personal
383 Service Transfer), 3023 (Expert Witness), and 3088 (Inter Agency Legal).

384
385 During the end of year report the board did inquire how to obtain an Executive Administrator as
386 many other states have Executive Administrators for the Dental Boards. The board is curious how
387 other boards in CBPL obtain and Executive Administrators.

388

389 **Agenda Item 11 – AADB and HERB Reports**

390
391 Dr. Kovaleski addressed the board informing them that he would not spend time going over all the
392 information as it was like the information they covered with DERB. Dr. Kovaleski announced that
393 Mike Moriarty has been elected to the WREB executive board which represents Alaska very well.
394 Dr. Kovaleski announced he would be terming out of the DERB board and is recommending that
395 Dave Nielsen take the vacancy pending his re-appointment to the Alaska Dental Examiners Board.

396
397 Dr. Nielsen provided a report for the board to read through. He asked if there were any actions in
398 the report that the board would like to look at. He discussed the 2-year residency training for
399 licensure requirement and was curious if the board wanted to consider a PG 1 avenue for licensure?
400 There was discussion amongst the board members and it was believed if the school was CODA
401 approved it would be appropriate for licensure. There was a discussion for a motion to be made to
402 add after, “dental school,” in 12 AAC 28.938, “Or a 2 year or more post-graduate residency program
403 that at the time of graduation a CODA approved residency.”

404
405 There was also a discussion by Dr. Nielsen regarding 12 AAC 28.940(8)(B) stating the only reason
406 this is in the regulation is so an applicant who has a specialty in pediatrics or oral surgery, etc. does
407 not have to take the WREB exam. Dr. Nielsen is asking the board if they feel graduation from a
408 CODA approved school of dentistry and a 1-year residency is enough to give an applicant a license
409 in lieu of the WREB. The other board members were not in agreeance with this. It was stated a 1-
410 year residency program and 2-year residency program are vastly different and does not qualify as a
411 substitute for the WREB exam.

412
413 The board discussed adding statutes for specialty licenses to the current statutes. It was stated the
414 board had a previous creation of a subcommittee to make a list of all Alaska dental statutes that need
415 to be reviewed and possibly changed. There was discussion if the board would like to continue this
416 subcommittee or dismantle it since it has not been active since the motion to create the
417 subcommittee passed 12/8/2017.

418
419 **On a motion duly made by Walden, seconded by Nielsen, and approved unanimously, it**
420 **was RESOLVED to dissolve the subcommittee formed at the 12/8/2017 Dental Examiners**
421 **Board Meeting.**

422 Dr. Nielsen brought the topic of sedation inspection from his report from the AADB conference.
423 There is an AAFDO Sedation Anesthesia Medical Emergency Readiness Inspection Program
424 (SAMERI) and the inspections can be completed remotely. He stated this sounds like a decent way
425 to provide sedation inspections for the State of Alaska. The program includes mock drills and can
426 be tailored to suit the user. The program can put together a proposal. Dr. Nielsen states he does
427 not know another way to perform the sedation inspections required for Alaska.

428
429 Sher Zinn addressed the board. It was explained that the sub-committee was having trouble meeting
430 due to the open meetings act and they were not able to get tasks completed. Dr. Logan had
431 proposed the dental society and hygiene society talk amongst themselves to develop some
432 recommendations and present them at a board meeting. It was stated by Regulation Specialist Zinn
433 that the board can utilize this option if they choose. It was then asked if only 1 board member could
434 be a member of the group and Regulations Specialist Zinn stated even if 1 board member were in
435 that group it would be considered a subcommittee and the meetings would require public notice.

436 437 **Agenda Item 12 – Regulation Review**

438 439 Clean Up

440
441 The board reviewed the regulation changes discussed on agenda item 8 earlier in the day.
442 Regulations Specialist Zinn had provided the revised sedation regulations that the board had revised.
443 It was asked if the wording, “individually managed,” was okay to leave in and the board was okay
444 with the regulation revisions as she had drafted.

445
446 Dr. Nielsen asked if the board had made a previous motion to add in, “Or a 2 year or more post-
447 graduate residency program that at the time of graduation is a CODA approved residency,” after the
448 words, “dental school.” There was no motion made previously to include this to the current
449 regulations project.

450
451 **On a motion duly made by Nielsen, seconded by Wahto, and approved unanimously, it was**
452 **RESOLVED to revise 12 AAC 28.938, to add “Or a 2 year or more post-graduate residency**
453 **program that at the time of graduation a CODA approved residency,” after the words,**
454 **“dental school.”**

455
456 **On a motion duly made by Nielsen, seconded by Walden, and approved unanimously, it**
457 **was RESOLVED to approve new regulations drafted by Regulations Specialist Zinn 28.025,**
458 **28.026, 28.027 and proposed changes to 28.010 and 28.015 be submitted for public comment.**

459 460 Military Licenses

461
462 Dr. Nielsen brought up the fact that the board did not automatically approve a military licensee and
463 made the applicant take the WREB exam without accepting the military training. Zinn addressed
464 the board through the chair and explained that, “notwithstanding another provision of law, the
465 board shall accept military education, training, and service for some or all of the qualifications

466 otherwise required of an applicant for a license or certificate issued under this chapter if.” She went
467 on to explain that (a) is accepting military training and (b) is providing the temporary license. She
468 asked the board if they were considering a regulation regarding the lack of acceptance of military
469 training.

470 The board clarified that they accept military training but the applicant in question had less than 5
471 years of experience. The board also noted the regulation requires the training to be substantially
472 equivalent to the required training for non-military personnel licensure. Regulations Specialist Zinn
473 then addressed the board through the chair and mentioned the term service for some or all the
474 qualifications required. One of the questions brought to the board was why an applicant’s military
475 service was not considered when the board was making their decision regarding licensure. The
476 board noted they did not have the exact application in front of them to review.

477
478 It was stated by Regulations Specialist Zinn for the board to keep in mind their obligation to
479 consider military experience and training in lieu of the listed regulations. Treston mentioned the she
480 reached out to everyone in the Department and asked if she could submit the application or if it
481 would be denied due to not meeting the new regulations. Treston was instructed not to submit the
482 application to the board because the board had the authority to deny the application based on the
483 inability to meet the new regulations. The applicant and the applicant’s representative asked Treston
484 not to submit the application to the board in case it is denied. Board discussed this process at length
485 and decided the applicant could document the number or alloys completed and a supervisor could
486 provide an affidavit stating the applicant met the treatment planning portion of the requirements.
487 The application could be submitted to the board in on board for voting after requested information
488 was provided.

489
490 Regulations Specialist Zinn clarified to the board on the record that this statute is about military
491 training, education and experience only. The provisions of this statute cannot be utilized by non-
492 military applicants who do not meet the minimum requirements for licensure under the Board of
493 Dental Examiners jurisdiction.

494
495 **Agenda Item 13 – PDMP – Unsolicited Notifications**

496
497 **On a motion duly made by Silveira, seconded by Wahto, and approved unanimously by, it**
498 **was RESOLVED to go in to executive session in accordance with Alaska Statute**
499 **44.62.310(c)(4) for discussing unsolicited notifications.**

500
501 Off Record at: 3:18 P.M.

502 On record at: 3:33 P.M.

503

504

Roll Call

505

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

507

508 Dr. Paul Silveira, President – Valdez

509 Ms. Gail Walden – Wasilla

510 Dr. David Nielson – Anchorage

511 Ms. Paula Ross - Anchorage

512 Dr. Thomas Kovaleski – Chugiak

513 Dr. Steven Scheller – Fairbanks

514 Ms. Robin Wahto - Anchorage

515

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

518 Ms. Amber Treston, Licensing Examiner – Juneau

519

520 Public Members in attendance:

521

522 Dr. David Logan – ADS President, Juneau

523

524 **Agenda Item 16 – CE Course Approval Application Review**

525

526 **BLS for Healthcare Providers**

527

528 There was a tabled application for course approval. The Course Approval Application was
529 requesting more hours for CPR portion of the BLS than what is standard. The board discussed if
530 the application was approved for 6 hours only 4 hours of CPR could be accepted in the renewal.
531 OLE Treston noted an applicant could take 10 hours of CPR but the board would still only accept 4
532 hours for this topic. The board discussed adding a notation stating the course would only cover 4
533 hours of CPR CE's for renewal.

534

535 The board discussed accepting the 4 hours of CPR and then 2 additional hours for the other
536 required CE renewals. The board stated the course seems more comprehensive than a standard
537 BLS. The board discussed the contents and how the hours should be counted at length. The board
538 decided only 4 hours will count to the required CE's for renewal,

539

540 **On a motion duly made by Silveira, seconded by Wahto, and approved unanimously, it was**
541 **RESOLVED approve the BLS for Healthcare Providers course for 4 hours of continuing**
542 **education.**

543

544 **Opioid Crisis**

545

546 The course, "Opioids: The Path to Addiction, The Climb to Recovery," was tabled to discuss at the
547 board meeting. The board discussed the requested CE hours and the contents of the course. There
548 are several CE courses offered and the board is deciding what content of the different courses
549 would be accepted by the board for CE's. The board decided the applicants taking the course need
550 to provide proof of the topics that are included in the application or each course should be
551 submitted separately for approval.

552

553 **BTY – Study Club**

554

555 Dentists have previously submitted this course for CE's on renewals but the course was never
556 approved so the applicants could not obtain credit. Applicant is requesting a course approval and
557 the board thinks it may be worth approving if the course is opened for anyone to take and not his
558 employees. The board believes the course needs separate accreditation (like Pace.) Dr. Nielsen
559 suggested the course be approved for the entire state as it sounds like a great course. He would like
560 to see the presentation. The board continued the discussion regarding course approval and called
561 the applicant to speak with him directly.

562
563 The board questioned what the actual hours for CE's would be received. The applicant stated it
564 should be 10 hours per course but 8 hours would be acceptable if that is all the board will accept.
565 The applicant stated they meet 2-3 hours every week then 10 hours once per month on Sunday. The
566 board asked if they had ever considered getting the courses accredited and if the course was available
567 outside the doctor's organization. The applicant stated that they had not done either. Dr. Nielsen
568 advised the course to become accredited by PACE, etc. and to apply for course approval for the
569 Wednesday study clubs that do not involve the implant instruction.

570
571 Off Record at: 4:26 P.M.

- 572
573 **TASKS to be placed at end of meeting Adjourned**
574 **Treston to request via the Director to contact the radiologic department with the state:**
575 **Clyde Pearce.**
576 **Walden to get supporting documents for use of CODA in Statutes and Regulations**
577 **OLE Wiard to request a report from Accountant III Marylene Wales to supplying a**
578 **breakdown of the charges for the expert witness, the 25,864.14 investigations fee, the**
579 **personal services transfer, as well as cost to the board of every investigative case number.**
580 **Dr. Nielsen to contact AAFDO regarding use of SAMERI and report back to the board at**
581 **the 2/15/19 board meeting.**
582 **OLE Treston to upload Military application to on board.**
583 **OLE Treston to contact BTY Study Club Applicant and let applicant know the status and**
584 **offer a refund or apply to a new application.**
585 **Determine how a board obtains an Executive Administrator.**

586
587 Respectfully Submitted:

588
589
590
591
592 _____
593 Tracy Wiard
594 Occupational Licensing Examiner

595 Approved:

596
597
598
599 _____
600 Paul Silveira, DMD, President

601 Date: _____
602
603

Office of Administrative Hearing Case Review

EXECUTIVE SESSION MOTION

Sec. 44.62.310. government meetings public.

(c) The following subject may be considered in an executive session:

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

MOTION WORDING:

In accordance with the provisions of Alaska Statute 44.62.310 (c) (1) (2) (3) or (4) [*select appropriate paragraph number above*], I move to go into executive session for the purpose of discussing:

Board staff to remain during the session, *OR* Board only to remain during session.

Off the record at _____.

Example: 1

In accordance with the provisions of AS 44.62.310 (c)(2), I move to go into executive session for the purpose of discussing the license application of (name). Board staff (names) to remain during the session.

Example: 2

In accordance with the provisions of AS 44.62.310(c)(3), I move to go into executive session for the purpose of discussing investigative matters. Board staff (names) to remain during the session.

Radiologic Equipment

State of Alaska Radiologic Equipment Statutes

Sec. 08.36.075. Dental radiological equipment. (a) The board shall establish standards that comply with applicable federal law for the registration, use, and inspection of dental radiological equipment, including standards for record keeping relating to the control panels and the use of the equipment. The board may charge a fee for dental radiological equipment registered under this section.

(b) [Repealed, Sec. 40 ch 53 SLA 2012].

(c) [Repealed, Sec. 40 ch 53 SLA 2012].

(d) [Repealed, Sec. 40 ch 53 SLA 2012].

(e) [Repealed, Sec. 40 ch 53 SLA 2012].

(f) In this section, "dental radiological equipment" means equipment for use in the practice of dentistry, consisting of a control panel and associated tube heads, if the equipment emits electronic product radiation, as defined in AS 18.60.545, or uses radionuclides, as defined in AS 18.60.545.

State of Alaska Radiologic Equipment Regulations

12 AAC 28.960. REGISTRATION OF DENTAL RADIOLOGICAL EQUIPMENT. (a) Dental radiological equipment with a valid registration from the Department of Health and Social Services under AS 18.60.475 as of September 6, 1998 is considered registered with the board under AS 08.36.075 and this section.

(b) Repealed 3/11/2016.

(c) Repealed 3/11/2016.

(d) The owner or lessee of dental radiological equipment that is registered under this section shall notify the board, in writing, within 60 days after the equipment is sold, relocated, or no longer in use.

(e) To register dental radiological equipment, the owner or lessee of the equipment shall submit a completed registration form, adopted by reference in 12 AAC 28.970(b).

(f) Upon receipt of a completed registration form, the board will issue a registration seal to the owner or lessee of the equipment if it meets the requirements of AS 08.36.075, this section, and 12 AAC 28.965. The owner or lessee of the equipment shall ensure that the registration seal is attached to the equipment that is registered under this section.

Authority: AS 08.36.070 AS 08.36.075

Editor's note: A copy of the list of dental radiological equipment registered under 12 AAC 28.960(a) is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806

12 AAC 28.965. INSPECTION OF DENTAL RADIOLOGICAL EQUIPMENT. (a) The owner or lessee of dental radiological equipment must have that equipment inspected within six years from the date that the equipment was first registered with the board under 12 AAC 28.960. The owner or lessee of dental radiological equipment must have that equipment inspected again at least once during every six-year period following the initial inspection.

(b) The inspection of dental radiological equipment must

(1) repealed 9/26/2018;

(2) be documented by the inspector on the form adopted by reference in 12 AAC 28.970(c); and

(3) meet or exceed, and must determine whether the equipment meets or exceeds, the standards applicable to dental radiological equipment in the *"Suggested State Regulations for the Control of Radiation,"* Part F, published by the Conference of Radiation Control Program Directors, Inc., May, 2009 edition, adopted by reference.

(c) Repealed 3/11/2016.

(d) Repealed 3/11/2016.

(e) Upon receipt of a form documenting an inspection that meets the requirements of AS 08.36.075 and this section, the inspector shall issue to the owner or lessee of the dental radiological equipment, an inspection seal indicating the date by when the equipment must be inspected again. The owner or lessee shall ensure that the inspection seal is placed on the equipment in a location visible to persons operating the equipment.

(f) Owners or lessees of dental radiological equipment shall maintain records that document compliance with the requirements of AS 08.36.075, 12 AAC 28.960, and this section. The records shall be made available to the board or its designee for inspection.

(g) Repealed 3/11/2016.

(h) An inspector who performs an inspection of dental radiological equipment shall complete and submit the form titled "*Inspection of Dental Radiological Equipment*," adopted by reference in 12 AAC 28.970(c), to the owner or lessee of the equipment after the inspection.

Authority: AS 08.36.070 AS 08.36.075

Editor's note: A copy of the "*Suggested State Regulations for the Control of Radiation*," Part F, published by the Conference of Radiation Control Program Directors, Inc., May, 2009 edition, adopted by reference in 12 AAC 28.965, is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or may be obtained from the Conference of Radiation Control Program Directors, Inc., 1030 Burlington Lane, Suite 4B, Frankfort, KY 40601-2832; telephone: (502) 227-4543.

12 AAC 28.970. REGISTRATION AND INSPECTION FORMS; REVIEW OF COMPLETED FORMS.

(a) A registration seal or inspection seal may not be issued unless the information on the completed form meets the requirements of AS 08.36.075, and of 12 AAC 28.960 and 12 AAC 28.965, as applicable.

(b) The form titled "*Radiological Equipment Registration Form*," dated February 2014, is adopted by reference.

This form is established by the board for review by staff of the registration of dental radiological equipment under 12 AAC 28.960.

(c) The form titled "*Inspection of Dental Radiological Equipment*," dated February 2014, is adopted by reference. This form is established by the board for use by inspectors of dental radiological equipment, and for review by staff of the documentation of the inspection of that equipment, under 12 AAC 28.965.

Authority: AS 08.36.070 AS 08.36.075

Editor's note: The forms listed in 12 AAC 28.970 are available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806; phone (907) 465-2542.

Ethics

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):

Large light blue rectangular area for comments.

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

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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
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Break



Investigative Report



MEMORANDUM

DATE: February 7, 2019
TO: Alaska Board of Dental Examiners
THRU: Sonia Lipker, Senior Investigator *SL*
FROM: Jasmin Bautista, Investigator *JB*
RE: Investigative Report for the February 15, 2019 Meeting

The following information was compiled as an investigative report to the Board for the period of December 6, 2018 through February 7, 2019. Including cases, complaints, and intake matters, since the last report, the Division opened **two (2) matters** and **zero (0) matters**. **Twenty-six (26) matters** remain open at this time.

Matters opened by the Paralegal in Juneau, regarding continuing education audits and license action resulting from those matters are not covered in this report.

<u>CASE #</u>	<u>OPENED</u>	<u>COMPLAINT/INVESTIGATION</u>	<u>PROFESSION</u>
2017-000421	04/05/2017	Unethical Conduct	Dentist
2017-000526	05/03/2017	Unprofessional Conduct	Dentist
2017-000527	05/03/2017	Standard of Care	Dentist
2017-000528	05/03/2017	Standard of Care	Dentist
2017-000529	05/03/2017	Standard of Care	Dentist
2017-000546	05/11/2017	Standard of Care	Dentist
2017-000547	05/11/2017	Standard of Care	Dentist
2017-000549	05/11/2017	Standard of Care	Dentist
2017-000560	05/17/2017	Standard of Care	Dentist
2017-000635	06/07/2017	Standard of Care	Dentist
2017-000814	08/04/2017	Fraud or Misrepresentation	Dentist
2017-000926	09/01/2017	Standard of Care	Dentist
2017-000948	09/07/2017	Unlicensed Practice	Dentist

2017-001252	12/13/2017	Standard of Care	Dentist
2017-001285	12/22/2017	Standard of Care	Dentist
2018-000011	01/03/2018	Standard of Care	Dentist
2018-000252	03/05/2018	Contested License Denial	Dentist
2018-000279	03/14/2018	Standard of Care	Dentist
2018-000397	04/17/2018	Standard of Care	Dentist
2018-000654	06/21/2017	Violation of Licensing Regulations	Dentist
2018-000695	06/27/2018	Standard of Care	Dental Hygienist
2018-000852	07/31/2018	Violation of Licensing Regulations	Dentist
2018-001023	09/07/2018	Standard of Care	Dentist
2018-001317	11/14/2018	Standard of Care	Dentist
2019-000155	02/06/2019	License Application Problem	Dentist
2019-000156	02/06/2019	License Application Problem	Dentist

OPEN: TOTAL = 26 *(including intakes)*

INVESTIGATIVE ACTIONS (OPENED OR CLOSED) SINCE LAST MEETING:

CLOSED: TOTAL = 0 *(including intakes)*

END OF REPORT



THE STATE
of **ALASKA**

GOVERNOR MICHAEL J DUNLEAVY

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS, AND
PROFESSIONAL LICENSING
Anchorage Office

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Toll free fax: 907.269.8156

PROBATION REPORT

DATE: February 8, 2019
TO: Alaska Board of Dental Examiners
THROUGH: Sonia Lipker, Senior Investigator *SL*
FROM: Billy Homestead, Investigator *BH*
SUBJECT: Probation Report for the February 15, 2019 meeting.

The following is a complete list of individuals on probation for this Board. All individuals are in compliance with their agreements, except as noted (*).

<u>NAME</u>	<u>START OF PROBATION</u>	<u>END OF PROBATION</u>
LOCKWOOD, Glenn	02/23/2015	02/23/2020
NESS, Douglas	02/08/2011	<i>Out of State</i>
HARBOLT, Timothy	09/06/2013	<i>Out of State</i>
MURPHY, George	05/16/2014	05/16/2019
*WIMSATT, James III	11/09/2018	11/09/2023

END OF REPORT

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

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

MOTION WORDING:

"In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

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

**Board staff is requested to remain during the session *OR*
Board only to remain during session."**

Staff will then state "The board is off the record at _____(time)."

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 member(s) _____ 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.

Public Comment

Public Comment:

The board chair shall open public comment. The time allotted for comment will be divided between all individuals signed in to give comment. The group will be told how much time each person will have to speak; the licensing examiner will keep track of the time and notify the individual when they have 1 minute left.

This is not the time for the board to respond to the comments. The board can choose to respond to any comments at the end of the comment period; they can choose to send a letter with their responses to the individual; or they can choose to not respond.

NOTICE OF PROPOSED CHANGES RELATING TO LICENSE AND SEDATION PERMIT QUALIFICATIONS, RENEWAL, COURTESY LICENSES IN THE REGULATIONS OF THE BOARD OF DENTAL EXAMINERS

BRIEF DESCRIPTION: The Board of Dental Examiners proposes to update regulations regarding licensing qualifications, sedation permit initial qualifications and renewal, courtesy licenses and updating other regulations.

The Board of Dental Examiners (Board) proposes to adopt regulation changes in Title 12, Chapter 28 of the Alaska Administrative Code including the following:

1. **12 AAC 28.010. Permit requirements for use of deep sedation or general anesthesia**, is proposed to be updated to require a minimum number of sedation cases for patients younger than 13 years of age for renewal of a sedation permit.
2. **12 AAC 28.015. Permit requirements for use of moderate sedation, or for use of minimal sedation for a patient younger than 13 years of age**, is proposed to be updated by changing the qualifications for obtaining a moderate sedation permit.
3. **12 AAC 28.025. Approval of course of instruction in moderate sedation, or minimal sedation of patients younger than 13 years of age**, is a proposed new section outlining the requirements for board approval of a course of instruction for a moderate or minimal sedation permit.
4. **12 AAC 28.026. Requirements for a continuing education course, or training in a postgraduate residency in moderate sedation for patients 13 years of age and older**, is a proposed new section outlining the requirements for a moderate sedation course of instruction for patients 13 years of age and older.
5. **12 AAC 28.027. Requirements for continuing education courses in moderate and minimal sedation for patients younger than 13 years of age**, is a proposed new section outlining the requirements for continuing education coursework for adding a pediatric designation to a moderate sedation permit.
6. **12 AAC 28.360. Registry**, is proposed to remove the requirement of keeping a registry for board-approved courses of instruction for local anesthesia and nitrous oxide sedation for dental hygienists.
7. **12 AAC 28.925. Lapsed licenses**, is proposed to update the citations for applicable fees in centralized regulations.
8. **12 AAC 28.937. Dental hygienist licensure by credentials**, is proposed to clarify the requirement of five years of licensure to qualify for a license by credentials.
9. **12 AAC 28.938. Dental educational requirements**, is proposed to add an accredited post graduate residency program for educational requirements of a dental license.
10. **12 AAC 28.940. Dental licensure by examination**, is proposed to change the examination requirements for a dental license by examination.
11. **12 AAC 28.951. Dental licensure by credentials**, is proposed to clarify the requirement of five years of licensure to qualify for a license by credentials.
12. **12 AAC 28.955. Courtesy license**, is proposed to be changed by adding a definition for “non-resident”.

You may comment on the proposed regulation changes, including the potential costs to private persons of complying with the proposed changes, by submitting written comments to Sher Zinn, Regulations

Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806. Additionally, the Board will accept comments by facsimile at (907) 465-2974 and by electronic mail at RegulationsAndPublicComment@alaska.gov. Comments may also be submitted through the Alaska Online Public Notice System by accessing this notice on the system at <http://notice.alaska.gov/192439>, and using the comment link. **The comments must be received not later than 5:00 p.m. on February 6, 2019.** Comments received after this deadline will not be considered by the Board.

You may submit written questions relevant to the proposed action to Sher Zinn, Regulations Specialist, Division of Corporations, Business and Professional Licensing, P.O. Box 110806, Juneau, AK 99811-0806 or by e-mail at RegulationsAndPublicComment@alaska.gov. **The questions must be received at least 10 days before the end of the public comment period.** The Board will aggregate its response to substantially similar questions and make the questions and responses available on the Alaska Online Public Notice System and on the Board's website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx>. The Board may, but is not required to, answer written questions received after the 10-day cut-off date and before the end of the comment period.

If you are a person with a disability who needs a special accommodation in order to participate in this process, please contact Sher Zinn at (907) 465-1049 or RegulationsAndPublicComment@alaska.gov, no later than January 30, 2019, to ensure that any necessary accommodation can be provided.

A copy of the proposed regulation changes is available on the Alaska Online Public Notice System and by contacting Sher Zinn at (907) 465-1049 or RegulationsAndPublicComment@alaska.gov, or go to <https://www.commerce.alaska.gov/web/portals/5/pub/DEN-12-18.pdf>.

After the public comment period ends, the Board will either adopt the proposed regulation changes or other provisions dealing with the same subject, without further notice, or decide to take no action. The language of the final regulations may be different from that of the proposed regulations. **You should comment during the time allowed if your interests could be affected.** Written comments and questions received are public records and are subject to public inspection.

Statutory Authority: AS 08.01.062; AS 08.01.065; AS 08.32.014; AS 08.32.030; AS 08.32.070; AS 08.32.081; AS 08.32.110; AS 08.32.160; AS 08.32.165; AS 08.36.070; AS 08.36.100; AS 08.36.110; AS 08.36.234; AS 08.36.250; AS 08.36.315

Statutes Being Implemented, Interpreted, or Made Specific: AS 08.01.062; AS 08.01.065; AS 08.32.014; AS 08.32.030; AS 08.32.070; AS 08.32.081; AS 08.32.110; AS 08.32.160; AS 08.32.165; AS 08.36.070; AS 08.36.100; AS 08.36.110; AS 08.36.234; AS 08.36.250; AS 08.36.315

Fiscal Information: The proposed regulation changes are not expected to require an increased appropriation.

DATE: _____

_____/s/
Sher Zinn, Regulations Specialist
Division of Corporations, Business and
Professional Licensing

For each occupation regulated under the Division of Corporations, Business and Professional Licensing, the Division keeps a list of individuals or organizations who are interested in the regulations of that occupation. The Division automatically sends a Notice of Proposed Regulations to the parties on the appropriate list each time there is a proposed change in an occupation's regulations in Title 12 of the Alaska Administrative Code. If you would like your address added to or removed from such a list, send your request to the Division at the address above, giving your name, either your e-mail address or mailing address (as you prefer for receiving notices), and the occupational area in which you are interested.

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. **Adopting agency:** Board of Dental Examiners – Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing.
2. **General subject of regulation:** License qualifications, sedation permit qualifications, sedation permit renewal requirements, and courtesy licenses.
3. **Citation of regulation:** 12 AAC 28.010; 12 AAC 28.015; 12 AAC 28.025; 12 AAC 28.026; 12 AAC 28.027; 12 AAC 28.360; 12 AAC 28.925; 12 AAC 28.937; 12 AAC 28.938; 12 AAC 28.940; 12 AAC 28.951; 12 AAC 28.955
4. **Department of Law file number:** 2018201025
5. **Reason for the proposed action:** Update license and sedation permit qualifications, clarification of existing regulations, define “non-resident” for courtesy licenses.
6. **Appropriation/Allocation:** Corporations, Business and Professional Licensing – #2360.
7. **Estimated annual cost to comply with the proposed action to:**
A private person: Cost for a dentist for completing a course or residency in moderate sedation.
Another state agency: None known.
A municipality: None known.
8. **Cost of implementation to the state agency and available funding (in thousands of dollars):**
No costs are expected in FY 2019 or in subsequent years.
9. **The name of the contact person for the regulation:**
Amber Treston, Records and Licensing Supervisor
Board of Dental Examiners
Division of Corporations, Business and Professional Licensing
Telephone: (907) 465-2542
E-mail: amber.treston@alaska.gov
10. **The origin of the proposed action:** Board of Dental Examiners.
11. **Date:** _____ **Prepared by:** _____ /s/_____
Sher Zinn
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(e)(5)(B) is amended to read:

(B) provide documentation that **at least** 20 of the 50 anesthesia or deep sedation cases were individually managed patients younger than 13 years of age.

(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 ____/____/____, 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(e)(1)(B) is amended to read:

(B) a board-approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in (A) of this paragraph, **and required under 12 AAC 28.026**; the course must consist of a minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients per participant to establish competency and clinical experience in moderate sedation and management of a compromised airway; and

12 AAC 28.015(e)(2)(A) is amended to read:

(A) provide proof that the applicant completed an additional 30 hours of

board-approved coursework in pediatric moderate sedation **under 12 AAC 28.027(b)**;
and

12 AAC 28.015(e)(2)(B) is amended to read:

(B) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age **while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age, or a certified registered nurse anesthetist, in this state or another jurisdiction.**

12 AAC 28.015(f) is amended to read:

(f) In addition to meeting the requirements of (d) and (g) of this section, an applicant for an initial permit to administer moderate or minimal sedation only to patients who are younger than 13 years of age under this section must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age to establish competency and clinical experience in management of a compromised airway, and provide documentation that the applicant has completed

[(1) a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry[; OR

(2) AT LEAST 60 HOURS OF CONTINUING EDUCATION COURSEWORK IN PEDIATRIC MODERATE SEDATION APPROVED BY THE BOARD].

12 AAC 28.015(h)(5)(B) is amended to read:

(B) provide documentation that **at least** 10 of the 25 moderate sedation cases were individually managed patients younger than 13 years of age.

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

(1) provide proof of an additional 30 hours of board-approved continuing education in pediatric moderate sedation **under 12 AAC 28.027**; and

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

(2) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age **while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age, or a certified registered nurse anesthetist, in this state or another jurisdiction.**

(Eff. 4/14/2018, Register 226; am 12/9/2018, Register 228)

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 is amended by adding a new section to read:

12 AAC 28.025. Approval of course of instruction in moderate sedation, or minimal sedation of patients younger than 13 years of age. The board may upon its own motion or upon the request of any interested person, approve a course of instruction upon receipt of

(1) a completed form provided by the department that includes the name of the college or university if the course is completed through a residency program, or if the course is completed through a continuing education course, names of the sponsor, accredited program and faculty member presenting the course;

(2) a course outline that verifies inclusion of the subjects and procedures required under

(A) 12 AAC 28.026 if certification to administer moderate sedation only for patients 13 years of age and older is sought; and

(B) 12 AAC 28.027 if certification to administer moderate or minimal sedation for patients younger than 13 years of age is sought; and

(3) an explanation of the evaluation procedures used to determine successful completion of the course. (Eff. ____/____/____, Register _____)

Authority: AS 08.36.070

12 AAC 28 is amended by adding a new section to read:

12 AAC 28.026. Requirements for a continuing education course, or training in a postgraduate residency in moderate sedation for patients 13 years of age and older. (a) A continuing education course, or a dental training program for an initial permit in moderate sedation only for patients 13 years of age and older must meet the requirements of 12 AAC 28.015(e)(1), and must include:

(1) certification of competence in moderate sedation techniques;

(2) certification of competence in rescuing patients from a deeper level of

sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications;

(3) provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted; and

(4) records of instruction and clinical experience that are maintained and available for participant review, including number of patients managed by each participant in each modality or route.

(b) A continuing education course for an initial permit in moderate sedation for patients 13 years of age and older under 12 AAC 28.015(e)(1)(B) and (a) of this section, must be certified by the American Dental Association (ADA) Continuing Education Recognition Program (CERP), or the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE). (Eff. ____/____/____, Register _____)

Authority: AS 08.36.070

12 AAC 28 is amended by adding a new section to read:

12 AAC 28.027. Requirements for continuing education courses in moderate sedation and minimal sedation for patients younger than 13 years of age. (a) A dentist who applies for a designation to sedate patients younger than 13 years of age on their initial moderate permit under 12 AAC 28.015(e)(2) or on their existing moderate permit under 12 ACC 28.015(j), must complete an additional 30 hours of continuing education under (b) of this section, and provide proof of administration of sedation of at least 20 individually managed cases of patients younger than 13 years of age, while under the supervision of a sedation provider holding a

current moderate or deep sedation permit in good standing for patients under 13 years of age, or a certified registered nurse anesthetist, in this state or another jurisdiction.

(b) Continuing education coursework under (a) of this section must be certified by the American Dental Association (ADA) Continuing Education Recognition Program (CERP), the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE), or the American Academy of Pediatric Dentistry (AAPD), or offered by other organizations approved by the board including, the American Dental Society of Anesthesiology (ADSA) and the Society for Pediatric Sedation (SPS). Course titles and outlines must be provided to the board and must include the following subject areas:

- (1) physical, psychological and social child development, and age appropriate behavior response;
- (2) principles and objectives of sedation and general anesthesia as behavior guidance techniques in children, and indication and contraindications for sedatives and their use;
- (3) prevention, recognition, treatment and management of pharmacological related emergencies in pediatric patients, and rescuing a child from a deeper level of sedation than intended;
- (4) pre-operative evaluation and risk assessment of the pediatric patient;
- (5) assessing the effects of pharmacologic agents on the pediatric patient;
- (6) at least three hours of hands on simulated airway management specific to the pediatric patient;
- (7) pediatric patient monitoring; and
- (8) recovery room management and pediatric post-operative appraisal and follow

up. (Eff. ____/____/____, Register ____)

Authority: AS 08.36.070

12 AAC 28.360 is amended to read:

12 AAC 28.360. **Registry.** The board will maintain a registry of all [BOARD APPROVED COURSES OF INSTRUCTION AND ALL] dental hygienists certified to administer local anesthetic agents or nitrous oxide sedation. (Eff. 5/31/81, Register 78; am 4/14/2018, Register 226; am ____/____/____, Register ____)

Authority: AS 08.32.110 AS 08.36.070

12 AAC 28.925(a)(2) is amended to read:

(2) pays the renewal fee established in 12 AAC 02.190(a)(4), (a)**10** [8], (b)**6** [5], (b)**10** [6], and (b)**13** [14], as applicable; and
(Eff. 1/15/2003, Register 165; am 12/15/2013, Register 208; ____/____/____, Register ____)

Authority: AS 08.32.081 AS 08.36.070 AS 08.36.250

12 AAC 28.937(c)(4)(B) is amended to read:

(B) that the applicant has been **licensed for five years and** in active clinical practice documenting at least 2,500 hours for five years immediately preceding application;

12 AAC 28.937(c)(7) is amended to read:

(7) affidavits from three licensed dentists or licensed dental hygienists stating the applicant has been **licensed for five years and** in active clinical practice documenting at least 2,500 hours during the five years immediately preceding **the date of** application.

(Eff. 1/22/2004, Register 169; am 5/5/2006, Register 178; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am 3/11/2016, Register 217; am ____/____/____, Register _____)

Authority: AS 08.32.014 AS 08.32.070 AS 08.36.070
AS 08.32.030

12 AAC 28.938 is amended to read:

12 AAC 28.938. Dental educational requirements. An applicant for a license to practice dentistry must be a graduate of a dental school **or a two year post-graduate residency program** that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association. (Eff. 12/15/2013, Register 208; ____/____/____, Register _____)

Authority: AS 08.36.070 AS 08.36.110

12 AAC 28.940(b)(8)(B)(vi) is amended to read:

(vi) patient based operative examination that includes one class II posterior alloy **or** [AND] one composite procedure, **and one additional operative procedure** either anterior class III or posterior class II; or
(Eff. 1/28/2000, Register 153; am 8/15/2001, Register 159; am 1/15/2003, Register 165; am 1/22/2004, Register 169; am 4/27/2007, Register 182; am 10/19/2008, Register 188; am

12/2/2012, Register 204; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am
____/____/____, Register _____)

Authority: AS 08.36.070 AS 08.36.110

12 AAC 28.951(c)(6)(B) is amended to read:

(B) the applicant has been **licensed for five years and** in active clinical practice documenting at least 5,000 hours;

12 AAC 28.951(c)(11) is amended to read:

(11) affidavits from three licensed dentists documenting the applicant has been **licensed for five years and** in active clinical practice for at least 5,000 hours during the five years immediately preceding the date of application;

(Eff. 2/18/93, Register 125; am 2/4/94, Register 129; am 2/22/98, Register 145; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 1/22/2004, Register 169; am 5/5/2006, Register 178; am 10/19/2008, Register 188; am 12/15/2013, Register 208; am 3/11/2016, Register 217; am 9/26/2018, Register 227; am ____/____/____, Register _____)

Authority: AS 08.36.070 AS 08.36.110 AS 08.36.234

12 AAC 28.955(a) is amended to read:

(a) The board will issue a courtesy license to practice dentistry or dental hygiene **to a non-resident** for only a limited purpose that is approved by the board under (b) of this section to an applicant who meet 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.

12 AAC 28.955(i) is amended by adding a new paragraph to read:

(3) “non-resident” means individuals with permanent residence outside this state or members of the military stationed in this state. (Eff. 12/24/2006, Register 180; am 12/15/2013, Register 208; am ____/____/____, Register ____)

Authority: AS 08.01.062 AS 08.32.165 AS 08.36.234
 AS 08.32.160 AS 08.36.110 AS 08.36.315

Regulations Review

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT PROCEDURES		Procedure No. DOL - 19	Page 1 of 2
		Effective Date December 1995	
SUBJECT BOARD/COMMISSION ACTION ON REGULATIONS		Supersedes	Dated
		APPROVED BY	
DIVISION Occupational Licensing	SECTION Licensing		

REQUEST FOR REGULATIONS: Then a board/commission requests a change in its regulations, the board/commission should explain, on the record during a properly noticed public meeting, the reason for the change and give detailed information on the change requested. The staff person responsible for the meeting minutes is also responsible for relaying the board/ commission's request to the regulations specialist through a draft copy of the minutes, plus any other information that explains the board/commission's request.

The regulations specialist will provide a draft copy of the requested changes in the regulations. It may be necessary to consult with the Department of Law on the board/commission's authority to make the changes requested. It may also be necessary for the board/commission to provide additional information in its intent before the regulations changes are drafted.

PUBLIC NOTICE OF REGULATIONS CHANGES: Once a board/commission has reviewed the draft of proposed regulations and agreed on the working of the proposed changes, the board/commission should state on the record whether it intends to hold a public hearing on the regulations. The responsible staff should give a draft copy of the minutes to the regulations specialist and provide the date, location, and time of the public hearing, if applicable.

The regulations specialist will prepare and distribute the public notice, including providing a copy of the notice and regulations to all board/commission members and the affected staff.

PUBLIC COMMENTS ON REGULATIONS: All notices of proposed regulations include an opportunity for the public to give written comments on the regulations and a specific invitation for comments on the cost of the proposed regulatory action. The board/commission is obligated to seriously consider all written comments, and oral comments of a hearing is held, before taking final action on the regulations. To be considered, written or oral comments must be submitted as instructed in the public notice.

The public notice also includes a deadline for submitting written comments. This deadline is strictly enforced, and letters received after the deadline will not be forwarded to a board/commission for its consideration. Written comments must be received at the address given in the public notice by the deadline date; the postmark date is not considered.

Comments received by phone will not be considered as written comments. The division will accept faced comments. Staff should inform anyone submitting oral comments outside of the public hearing that the comments will not become a part of the record of the regulations project.

Comment letters should be addressed to the regulations specialist. **If a staff member other than the regulations specialist receives a letter commenting on proposed regulations, the letter should be given to the regulations specialist immediately.**

At the close of the public comment period, the regulations specialist will compile the written comments and provide them to staff for distribution to board/commission members. The board/commission chair should ensure that all members have carefully considered the public comment letters before the board/commission takes action on the regulations.

REGULATION HEARINGS: If a board/commission chooses to hold a hearing on proposed regulations, the information about the public hearing must be included in the original or a supplemental notice of the proposed regulations. Hearings are usually held in conjunction with a regularly-scheduled meeting of the board/commission, and are always recorded. A board/commission may choose to use teleconferencing sites for the regulations hearing.

If a board/commission has not given notice of public hearing, the board/commission may not accept any oral comments on the regulations. If the board/commission accepts oral comments without having given notice of a public hearing, the board/commission is required to give supplemental notice and hold a hearing at a later date to allow other interested parties to give oral comments.

STATE OF ALASKA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT PROCEDURES		Procedure No. DOL - 19	Page 2 of 2
		Effective Date December 1995	
SUBJECT BOARD/COMMISSION ACTION ON REGULATIONS		Supersedes	Dated
		APPROVED BY	
DIVISION Occupational Licensing	SECTION Licensing		

The board/commission chair often presides over the hearing. The general principle for conducting a regulations hearing is fairness. The board/commission may impose a time limit on commenters, but each commenter must be treated equally.

Staff should provide a sign-in sheet at the beginning of the hearing for those who plan to give oral comments.

FINAL ACTION BY THE BOARD/COMMISSION ON PROPOSED REGULATIONS: After carefully considering the written comments, any oral comments if a hearing was held, and discussing the costs of the proposal, the board/commission may take final action on proposed regulations. The board/commission's final action must be taken during a properly-noticed public meeting.

The board/commission may adopt the regulations as proposed, amend and adopt the regulations, or take no action on the regulations. If the board/commission amends the regulations beyond the summary of proposed changes it has given during the public notice process, the board/commission must give additional notice before adopting the regulations. It is important for the board/commission to explain the reason for its actions on the record. This is not only helpful in the preparation of the final draft of the regulations, but it is also important during the review of the regulations by the Department of Law and in case of a legal challenge to the regulations.

The record of the meeting should include how the board/commission considered the public comment in its deliberations. Also, the board/commission chair or other board/ commission member must make a statement on the record indicating how the board/commission gave special consideration to the cost to private persons. The board/commission must discuss the costs to private persons on the record, even if no comments on costs were submitted or if there are no apparent costs.

The board/commission's final action must be in the form of a motion that is passed.

The staff person responsible for the minutes of the meeting is also responsible for giving a draft copy of the minutes to the regulations specialist as soon as possible after the meeting.

FINAL REVIEW OF ADOPTED REGULATIONS: After a board/commission has adopted regulations, the regulations specialist will prepare the proper paperwork and submit the project to the Department of Law for final review. If approved by the Department of Law, then the project is sent to the Lieutenant Governor's office for filing.

The regulations specialist will notify board/commission members and affected staff of the effective date of approved regulations.

Chapter 28. Board of Dental Examiners.

12 AAC 28.010(e)(5)(B) is amended to read:

(B) provide documentation that **at least** 20 of the 50 anesthesia or deep sedation cases were individually managed patients younger than 13 years of age.

(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 ___ / ___ / ___, 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(e)(1)(B) is amended to read:

(B) a board-approved continuing education course in sedation consistent with the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students*, adopted by reference in (A) of this paragraph, **and required under 12 AAC 28.026**; the course must consist of a minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients per participant to establish competency and clinical experience in moderate sedation and management of a compromised airway; and

12 AAC 28.015(e)(2)(A) is amended to read:

(A) provide proof that the applicant completed an additional 30 hours of board-approved coursework in pediatric moderate sedation **under 12 AAC 28.027(b)**; and

12 AAC 28.015(e)(2)(B) is amended to read:

(B) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age **while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age, or a certified registered nurse anesthetist, in this state or another jurisdiction.**

12 AAC 28.015(f) is amended to read:

(f) In addition to meeting the requirements of (d) and (g) of this section, an applicant for an initial permit to administer moderate or minimal sedation only to patients who are younger than 13 years of age under this section must provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age to establish competency and clinical experience in management of a comprised airway, and provide documentation that the applicant has completed

[(1)] a Commission on Dental Accreditation (CODA) accredited residency in pediatric dentistry[; OR

(2) AT LEAST 60 HOURS OF CONTINUING EDUCATION COURSEWORK IN PEDIATRIC MODERATE SEDATION APPROVED BY THE BOARD].

12 AAC 28.015(h)(5)(B) is amended to read:

(B) provide documentation that **at least** 10 of the 25 moderate sedation cases were individually managed patients younger than 13 years of age.

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

(1) provide proof of an additional 30 hours of board-approved continuing education in pediatric moderate sedation **under 12 AAC 28.027**; and

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

(2) provide proof of administration of sedation for at least 20 individually managed patients younger than 13 years of age **while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age, or a certified registered nurse anesthetist, in this state or another jurisdiction.**

(Eff. 4/14/2018, Register 226; am 12/9/2018, Register 228)

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 is amended by adding a new section to read:

12 AAC 28.025. Approval of course of instruction in moderate sedation, or minimal sedation of patients younger than 13 years of age. The board may upon its own motion or upon the request of any interested person, approve a course of instruction upon receipt of

(1) a completed form provided by the department that includes the name of the college or university if the course is completed through a residency program, or if the course is completed through a continuing education course, names of the sponsor, accredited program and faculty member presenting the course;

(2) a course outline that verifies inclusion of the subjects and procedures required under

(A) 12 AAC 28.026 if certification to administer moderate sedation only for patients 13 years of age and older is sought; and

(B) 12 AAC 28.027 if certification to administer moderate or minimal sedation for patients younger than 13 years of age is sought; and

(3) an explanation of the evaluation procedures used to determine successful completion of the course. (Eff. ____ / ____ / _____, Register _____)

Authority: AS 08.36.070

12 AAC 28 is amended by adding a new section to read:

12 AAC 28.026. Requirements for a continuing education course, or training in a postgraduate residency in moderate sedation for patients 13 years of age and older. (a) A continuing education course, or a dental training program for an initial permit in moderate sedation only for patients 13 years of age and older must meet the requirements of 12 AAC 28.015(e)(1), and must include:

(1) certification of competence in moderate sedation techniques;

(2) certification of competence in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications;

(3) provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted; and

(4) records of instruction and clinical experience that are maintained and available for participant review, including number of patients managed by each participant in each modality or route.

(b) A continuing education course for an initial permit in moderate sedation for patients 13 years of age and older under 12 AAC 28.015(e)(1)(B) and (a) of this section, must be certified by the American Dental Association (ADA) Continuing Education Recognition Program (CERP), or the Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE). (Eff. ____/____/____, Register _____)

Authority: AS 08.36.070

12 AAC 28 is amended by adding a new section to read:

12 AAC 28.027. Requirements for continuing education courses in moderate sedation and minimal sedation for patients younger than 13 years of age. (a) A dentist who applies for a designation to sedate patients younger than 13 years of age on their initial moderate permit under 12 AAC 28.015(e)(2) or on their existing moderate permit under 12 ACC 28.015(j), must complete an additional 30 hours of continuing education under (b) of this section, and provide proof of administration of sedation of at least 20 individually managed cases of patients younger than 13 years of age, while under the supervision of a sedation provider holding a current moderate or deep sedation permit in good standing for patients under 13 years of age, or a certified registered nurse anesthetist, in this state or another jurisdiction.

(b) Continuing education coursework under (a) of this section must be certified by the American Dental Association (ADA) Continuing Education Recognition Program (CERP), the

Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE), or the American Academy of Pediatric Dentistry (AAPD), or offered by other organizations approved by the board including, the American Dental Society of Anesthesiology (ADSA) and the Society for Pediatric Sedation (SPS). Course titles and outlines must be provided to the board and must include the following subject areas:

- (1) physical, psychological and social child development, and age appropriate behavior response;
- (2) principles and objectives of sedation and general anesthesia as behavior guidance techniques in children, and indication and contraindications for sedatives and their use;
- (3) prevention, recognition, treatment and management of pharmacological related emergencies in pediatric patients, and rescuing a child from a deeper level of sedation than intended;
- (4) pre-operative evaluation and risk assessment of the pediatric patient;
- (5) assessing the effects of pharmacologic agents on the pediatric patient;
- (6) at least three hours of hands on simulated airway management specific to the pediatric patient;
- (7) pediatric patient monitoring; and
- (8) recovery room management and pediatric post-operative appraisal and follow up. (Eff. ____ / ____ / _____, Register _____)

Authority: AS 08.36.070

12 AAC 28.360 is amended to read:

12 AAC 28.360. **Registry.** The board will maintain a registry of all [BOARD

APPROVED COURSES OF INSTRUCTION AND ALL] dental hygienists certified to administer local anesthetic agents or nitrous oxide sedation. (Eff. 5/31/81, Register 78; am 4/14/2018, Register 226; am ____/____/____, Register ____)

Authority: AS 08.32.110 AS 08.36.070

12 AAC 28.925(a)(2) is amended to read:

(2) pays the renewal fee established in 12 AAC 02.190(a)(4), (a)**10** [8], (b)**6** [5], (b)**10** [6], and (b)**13** [14], as applicable; and
(Eff. 1/15/2003, Register 165; am 12/15/2013, Register 208; ____/____/____, Register ____)

Authority: AS 08.32.081 AS 08.36.070 AS 08.36.250

12 AAC 28.937(c)(4)(B) is amended to read:

(B) that the applicant has been **licensed for five years and** in active clinical practice documenting at least 2,500 hours for five years immediately preceding application;

12 AAC 28.937(c)(7) is amended to read:

(7) affidavits from three licensed dentists or licensed dental hygienists stating the applicant has been **licensed for five years and** in active clinical practice documenting at least 2,500 hours during the five years immediately preceding **the date of** application.

(Eff. 1/22/2004, Register 169; am 5/5/2006, Register 178; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am 3/11/2016, Register 217; am ____/____/____, Register ____)

Authority: AS 08.32.014 AS 08.32.070 AS 08.36.070
AS 08.32.030

12 AAC 28.938 is amended to read:

12 AAC 28.938. Dental educational requirements. An applicant for a license to practice dentistry must be a graduate of a dental school **or a two year post-graduate residency program** that, at the time of graduation, is accredited by the Commission on Dental Accreditation of the American Dental Association. (Eff. 12/15/2013, Register 208; _____/_____/_____, Register _____)

Authority: AS 08.36.070 AS 08.36.110

12 AAC 28.940(b)(8)(B)(vi) is amended to read:

(vi) patient based operative examination that includes one class II posterior alloy **or** [AND] one composite procedure, **and one additional operative procedure** either anterior class III or posterior class II; or (Eff. 1/28/2000, Register 153; am 8/15/2001, Register 159; am 1/15/2003, Register 165; am 1/22/2004, Register 169; am 4/27/2007, Register 182; am 10/19/2008, Register 188; am 12/2/2012, Register 204; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am _____/_____/_____, Register _____)

Authority: AS 08.36.070 AS 08.36.110

12 AAC 28.951(c)(6)(B) is amended to read:

(B) the applicant has been **licensed for five years and** in active clinical practice documenting at least 5,000 hours;

12 AAC 28.951(c)(11) is amended to read:

(11) affidavits from three licensed dentists documenting the applicant has been **licensed for five years and** in active clinical practice for at least 5,000 hours during the five years immediately preceding the date of application;

(Eff. 2/18/93, Register 125; am 2/4/94, Register 129; am 2/22/98, Register 145; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 1/22/2004, Register 169; am 5/5/2006, Register 178; am 10/19/2008, Register 188; am 12/15/2013, Register 208; am 3/11/2016, Register 217; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.110 AS 08.36.234

12 AAC 28.955(a) is amended to read:

(a) The board will issue a courtesy license to practice dentistry or dental hygiene **to a non-resident** 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.

12 AAC 28.955(i) is amended by adding a new paragraph to read:

(3) “non-resident” means individuals with permanent residence outside this state or members of the military stationed in this state. (Eff. 12/24/2006, Register 180; am 12/15/2013, Register 208; am ____/____/____, Register ____)

Authority: AS 08.01.062 AS 08.32.165 AS 08.36.234
 AS 08.32.160 AS 08.36.110 AS 08.36.315



January 16, 2019

Sher Zinn, Regulations Specialist
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

RE: DEN – notice 0119

Ms. Zinn

The Alaska Dental Society (ADS) would like to offer the following comments on the most recent proposed changes to the dental regulations.

The ADS is in support of all proposed changes and feels the changes, especially those to the licensure process, are both timely and much needed. We welcome the changes that will allow more portability of licensure and feel this will help maintain a robust pool of available dentists in Alaska.

David Logan, DDS

David Logan, DDS
Executive Director, Alaska Dental Society

Military Experience in Lieu of Licensing Requirements



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 * Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/

For Department Use Only

REQUEST FOR TEMPORARY PROFESSIONAL LICENSURE FOR MILITARY PERSONNEL

AS 08.08.064 requires licensing boards or the department to accept military education, training, or service for some or all of the qualifications otherwise required of an applicant for temporary licensure. To qualify, an applicant must provide satisfactory evidence of successful completion of relevant military education, training, or service as a member of the armed forces of the United States, the United States Reserves, the National Guard of any state, the Military Reserves of any state, or the Naval Militia of any state. Temporary licensure may be extended for an additional 180 days if the holder of the license or certificate applies for an extension on this form.

To qualify for this exemption, applicants with prior military service must meet current statutory requirements:

- 1. Hold a license in another state and have maintained that license, or
2. Hold an equivalent military license, degree, diploma, or certificate

Be sure this request form is the first page of your license application packet so staff can easily identify the request for expedited action.

Name: Last First Middle

Professional license type for which you are applying:

Mailing Address: Street/PO Box City State Zip Code

Email Address: Phone:

Military Branch: Rate/Rank/MOS:

Are you currently Active Duty? Yes No Are you applying for an extension? Yes No

Submit copies of military transcripts/forms that document your military education, training, and experience to prove substantial equivalency to some or all of the qualifications otherwise required of an applicant for a license or certificate issued. Please be aware that many licensing board members do not have military backgrounds and may be unfamiliar with military documentation, course names, military jargon and acronyms. Examples may include but are not limited to:

- Army American Council of Education (ACE)
Registry Transcript System (AARTS),
Verification of Military Experience and Training (VMET) (DD Form 2586)
Application for the Evaluation of Learning Experiences During Military Service (DD Form 295)
Certificate of Release or Discharge from Active Duty (DD Form 214)

I swear and affirm that the information contained in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain a waiver of licensing requirements in Alaska or subsequent revocation of my license.

SIGN HERE

Applicant Signature Date

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of this day of, 20.

Notary Seal

NOTARY

Notary Public Signature

My Commission Expires:

Sec. 08.01.064. Military education, training, and service credit; temporary license. (a) Notwithstanding another provision of law, the department or applicable board shall accept military education, training, and service for some or all of the qualifications otherwise required of an applicant for a license or certificate issued under this chapter if

(1) the department or applicable board determines that the military education, training, and service is substantially equivalent to some or all of the qualifications otherwise required of an applicant for a license or certificate is under this chapter; and

(2) the applicant provides satisfactory evidence of successful completion of the education, training, or service as a member of the armed forces of the United States, the United States Reserves, the National Guard of any state, the Military Reserves of any state, or the Naval Militia of any state.

(b) If the department issues temporary licenses or certificates as authorized by the department or applicable board under AS 08.01.050(a)(9), the department or applicable board shall issue a temporary license or certificate to a person who

(1) applies to the department or applicable board in a manner prescribed by the department or board;

(2) meets the requirements in AS 08.01.063(a)(3) - (6); and

(3) while in the armed forces of the United States or any state, as described in (a) of this section,

(A) held a current license or certificate in another state, district, or territory of the United States, practiced in the area of the license or certificate, and maintained the license or certificate in active status before and at the time of application for a license or certificate under this subsection; or

(B) was awarded a degree, diploma, or certificate by a branch of the armed forces of the United States or any state, as described in (a) of this section, that met standards for an equivalent license or a certificate of technical training.

(c) The department or applicable board shall expedite the procedure for issuance of a license or certificate under (b) of this section for an applicant who is on active duty.

(d) A license or certificate issued under (b) of this section is valid for 180 days and may be extended at the discretion of the department or applicable board for one additional 180-day period if the holder of the license or certificate applies for an extension on a form approved by the department or applicable board.

(e) The department or applicable board may adopt regulations necessary to implement this section.

CE COURSE APPROVAL CHECKLIST

Name of Course bty Study Club

Course Provider bty Dental Group, LLC

Name of Instructor Dr. Joshua Jeon

4/3/17 Completed application, without any signatures, form # 08-4241

4/3/17 A detailed outline which provides course content, and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care.

rnwl Information regarding the instructor of the course

4/3/17 \$50 fee Renewal? Receipt # 3689952

_____ Approved by board via mail ballot

Comments:

Previously approved course, applying for renewal.

Board never voted to approve or deny course. A vote must be completed.

3689952



THE STATE
of **ALASKA**

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

Board of Dental Examiners
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: license@alaska.gov
ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

PART II - DIVISION USE ONLY

RECEIVED
Juneau
APR 03 2017

CBPL

CC 50 8

Course Approval Application

Per 12 AAC 28.410, the Board will accept courses workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienists' Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA), 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.

The Board will accept 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. A licensee may obtain all of their required continuing education by self-study.

DIVISION USE ONLY

Course ID:
Credit Hours:
Type:
Course Approved:
Course Expires:

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application Fee	\$50
	<input checked="" type="checkbox"/> Resubmission of Application Fee (Renewal)	\$50

PART II Course Information

Course Title:	bty Study Club
Course Type:	<input type="checkbox"/> Course, Workshop, or Symposium <input type="checkbox"/> Organized Study Club <input checked="" type="checkbox"/> Self-Study Club
Number of Credit Hours:	40 hrs
Person Conducting the Course:	Dr. Joshua Jeon
Course Sponsor:	bty DENTAL GROUP, LLC
Sponsor Address:	726 E. 9th Ave Anchorage, AK 99501
Sponsor Contact:	Dr. Joshua Jeon
Sponsor Phone:	907-556-2379

APR 03 2017

(continued)

PART II Course Information

A detailed outline which provides course content and clearly breaks down the amount of time spent on each portion of the course and the direct relation to patient care must be submitted with application. *CBPL*

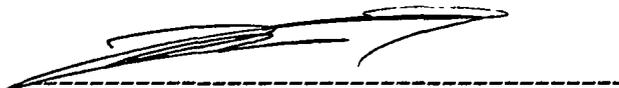
Courses will be accepted as continuing education under 12 AAC 28.400-.420 if participation is verifiable and the subject matter relates directly to dental patient clinical care.

Content Summary:		Hours:	

Official in Charge

Lecturer

Signature:



Date:

Date approved by the Board of Dental Examiners:

Implant Dentistry Study Club

Course Synopsis:

This study club is designed to improve the knowledge and skill of the dentist in diagnosis and treatment planning in implant dentistry. In addition, the study club will cover topics on implant surgery and implant prostheses. The study club is divided into several sessions. Each weekend is equivalent to one session. The meeting will be every Saturday (7:00pm-10:00pm) and Sunday (1:00pm-9:00pm). The meeting will be held once a month. Participants will each earn 10 CE units from attending the course.

Course Schedule (First Session): Diagnosis and Treatment Planning

Day I

7:00 pm – 8:00 pm	Implant Definitions and Terminology
8:00 pm – 9:00 pm	Rationale for Implants
9:00 pm - 10:00 pm	Patient Evaluation and Treatment Planning for Implant I

Day II

1:00 pm – 2:00 pm	Patient Evaluation and Treatment Planning for Implant II
2:00 pm – 3:00 pm	Classification of Implant Supported Prosthesis
4:00 pm - 5:00 pm	Bone Density and the Available Bone Volume
5:00 pm – 5:30 pm	Dinner
5:30 pm – 6:30 pm	Principles of Biomechanics
6:30 pm – 7:30 pm	Implant number and size
8:30 pm – 9:00 pm	Surgical Anatomy

Course Objectives I

1. Recognize and describe the impact of complete and partial edentulism on intra-oral and extra-oral anatomy and its impact on patient's psychology.
2. Understand the history of Implants.
3. Classify and be able to define the different types of implants.
4. Classify and define different implant prosthesis.
5. Be able to recognize and explain all maxillary and mandibular anatomical landmarks and their relations to implant placement.
6. Demonstrate and conduct complete dental history and clinical evaluation of implant patients.
7. Be able to utilize diagnostic imaging procedures for the assessment of available bone quality and quantity.

8. Understand the principles of biomechanics and its impact on implant placement and implant restorations.
9. Learn ideal implant size in each location.

Course Schedule (Second Session): Implant Surgery and Bone Graftings

Day I

- | | |
|-------------------|---|
| 7:00 pm – 7:30 pm | Osteoplasty: Indications prior to implant placement |
| 7:30 pm – 8:00 pm | Implant Suturing |
| 8:00 pm – 9:00 pm | Treatment Planning for posterior mandible |

Day II

- | | |
|-------------------|---|
| 1:00 pm – 1:30 pm | Socket preservation |
| 1:30 pm – 2:00 pm | Implant Surgery Step by Step |
| 2:00 pm – 3:00 pm | Pharmacology |
| 3:00 pm – 3:30 pm | Bone Growth Factors and their effects on healing |
| 3:30 pm – 4:30 pm | Bone Harvesting, Membrane Placement and Grafting techniques |
| 4:30 pm – 5:30 pm | Anterior Single Tooth Replacement |
| 5:30 pm – 6:00 pm | Soft Tissues Consideration |
| 6:00 pm – 6:30 pm | Dinner |
| 6:30 pm – 7:00 pm | Extraction and implant placement |
| 7:00 pm – 8:00 pm | Medical Evaluation |
| 8:00 pm – 9:00 pm | Work shops |

Course Objectives II

1. Describe and perform a step by step implant surgery.

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2. Understand and be able to apply the principle of soft tissues incision, flap reflection, and suturing in conjunction with implant placement.
3. Understand the bone formation process after the extraction.
4. Understand and be able to perform socket preservation after the extraction.
5. Perform and understand osteoplasty prior to implant placement.
6. Understand and able to achieve predictable results with bone grafting.
7. Recognize and be able to obtain growth factors in conjunction with particulate bone grafting prior to implant placement.
8. Describe and perform soft tissues procedures for bone grafting.
9. Perform procedures to obtain autologous bone for particulate bone grafts
10. Describe the ideal host site conditions for maxillary anterior root form implant.
11. Evaluate and perform the soft tissue incision line for maxillary anterior root form implant.
12. Know the advantages/disadvantages of implant placement in conjunction with tooth extraction.
13. Describe and understand pharmacology and medical evaluation protocol for implant dentistry.

Course Schedule (Third Session): Sinus Grafts, Edentulous Maxilla, and Immediate Load**Day I**

- | | |
|-------------------|---|
| 7:00 pm – 7:30 pm | Maxillary Sinus Anatomy |
| 7:30 pm – 8:00 pm | Histology and Pathology of Maxillary Sinus |
| 8:00 pm – 9:00 pm | Treatment Plan and Surgical Approach to Posterior Maxilla |

Day II

- | | |
|-------------------|---|
| 1:00 pm – 1:30 pm | Rationale for Sinus Graft |
| 1:30 pm – 2:00 pm | Pharmacology for Sinus Grafting |
| 2:00 pm – 3:00 pm | Materials used for Sinus Grafting |
| 3:00 pm – 4:00 pm | Sinus Lift and Sinus Graft Procedures |
| 4:00 pm – 5:00 pm | Sinus Surgery: Complications and Management |
| 5:00 pm – 6:00 pm | Treatment Planning for Edentulous Maxilla |
| 6:00 pm – 6:30 pm | Dinner |

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6:30 pm – 7:00 pm	Rationale for Immediate Load
7:00 pm – 8:00 pm	Immediate Load : Complete/Partial Edentulous Surgery
8:00 pm – 9:00 pm	Risk of Immediate Load

Course Objectives III

1. Describe and perform sinus lift procedure in the posterior maxilla.
2. Understand the key to bone grafting as applicable to the sinus graft and able to select the proper grafting material to perform sinus elevation.
3. Understand and able to perform sinus lift/sinus graft with predictable results.
4. Able to interpret radiographs and treatment plan for completely edentulous maxilla.
5. Describes the maxillary sinus anatomy.
6. Diagnose the types of pathology most commonly observed in the maxillary sinus.
7. List ideal situations when immediate load can be utilized.
8. Understand types of complications and management relating to immediate load.
9. Describe treatment sequences for immediate loading in different prosthetic options.

Course Schedule (Fourth Session): Fixed and Removable Implant Prosthetics

Day I

7:00 pm – 7:30 pm	Fixed Prosthetic Options
7:30 pm – 8:00 pm	Cemented Prosthesis Principles
8:00 pm – 8:30 pm	Abutment Selection for Cemented Prosthesis
8:30 pm – 9:00 pm	Prosthesis Fabrication: Direct and Indirect Techniques

Day II

1:00 pm – 2:00 pm	Implant Protective Occlusion
2:00 pm – 2:30 pm	Occlusal Materials and Shade Selections
2:30 pm – 3:00 pm	Progressive Bone Loading
3:00 pm – 3:30 pm	Attachment for Fixed Prosthesis

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3:30 pm – 4:30 pm	Complications in Implant Prosthetics
4:30 pm – 5:00 pm	Treatment Planning Options for FPD
5:00 pm – 5:30 pm	Dinner
5:30 pm – 6:00 pm	Removable Prosthetic Options
6:30 pm – 7:30 pm	Cement/Screw Retained Prosthesis
7:30 pm – 8:00 pm	Implant Overdentures
8:00 pm – 8:30 pm	Removable Prosthesis Fabrication
8:30 pm – 9:00 pm	Attachment Selections

Course Objective IV

1. Compare prosthetic options for fixed prosthesis.
2. Apply the principles of cemented prostheses to implant dentistry.
3. Understand advantages/disadvantages of fixed prosthetic options.
4. Understand and apply occlusal concepts to fixed restorations.
5. Apply principles of biomechanics to the treatment planning.
6. Understand the most common causes for complications.
7. Understand the differences and indications for indirect and direct techniques of prosthesis fabrication.
8. Determine methods to select the occlusal material and able to apply the principles of shade selection.
9. Learn and apply the principles of progressive loading in order to improve bone density.
10. Treatment plan partials and completely edentulous patients for implant restorations.

Ownership

btyDENTAL Group, LLC., Glacier Dental, LLC., and Clear Dental, LLC. are owned 100% by Dr. Joshua Jeon.

While he doesn't practice as much as he used to, he is readily available over 60 hours per week for clinical and administrative advice and spends at least one day per week providing care. Dr. Jeon is a mentor for the associate doctors and team members. When he's not seeing patients, Dr. Jeon is preparing for in house education. The doctors meet weekly for a clinical conference and case studies and monthly for seminars.

Curriculum Vitae

JOSHUA JEON, DDS

726 E 9th Avenue, Anchorage, AK 99501 | 907.333.6666 | jaekwangj@hotmail.com

EDUCATION

Loma Linda School of Dentistry, Loma Linda, CA

Doctor of Dental Surgery 2007

La Sierra University, Riverside, CA

B.A. in Biology 2003

AWARDS

Fellowship Misch International Implant Institute

International Congress of Oral Implantologists

Mastership International Congress of Oral Implantologists

PROFESSIONAL LICENSURE

Alaska State License California State License

Basic Life Support

Advanced Cardiovascular Life Support

Intravenous Conscious Sedation Permit

TEACHING EXPERIENCE

Riverside, CA

Co-Instructor – Comprehensive Implant Study Club (CIS) May 2009 – Jan 2010

Instructed course and structured open discussions regarding implants.

PROFESSIONAL EXPERIENCE

btyDENTAL, Anchorage, AK

Dentist

March 2013 – Present

Entrepreneur who started a new dental chain using business skills as well as knowledge gained from being a clinician. Managing staff so that everyone connected to us will have a life that is better than yesterday.

Responsible for 40+ employees, including 10 Associate Dentists.

Glacier Dental, Anchorage, AK

Dentist

July 2007 – Present

Manage, control, and train employees. Work to improve the environment, patient experience, and overhead costs.

CONTINUING EDUCATION (MORE THAN 2000 CE CREDITS ON IMPLANT AND ORAL SURGERY)

Loma Linda / Academy of American Implant Dentistry Maxi Course Mar 2007-Dec 2007

(300 CE Credits) Loma Linda, CA

American Academy of Implant Dentistry (21 CE Credits) April 2007

International Congress of Oral Implantologists (21 CE Credits) Aug 2007

University of Southern California – Advanced Bone grafting (14 CE Credits) Oct 2007

American Academy of Implant Dentistry (21 CE Credits) Nov 2007

Misch International Implant Institute –Surgical and Prosthetic Jan 2008 –Nov 2008
(200 CE Credits) Chicago, IL
American Academy of Implant Dentistry –Advanced bone grafting (16 CE Credits) Jan 2008
California Implant Institutes –Surgical and Prosthetic Jan 2008
(120 CE Credits) San Diego, CA
International Congress of Oral Implantologists (21 CE Credits) Feb 2008
University of Southern California –Endo Continuum (42 CE Credits) June 2008
International Congress of Oral Implantologists (21 CE Credits) Aug 2008
Advanced Bone and Soft Tissue Grafting (40 CE Credits) Sept 2008 –Oct 2008
Pikos Implant Institute, Tampa, FL
American Academy of Implant Dentistry (21 CE Credits) Oct 2008
University of Southern California –Esthetic Full Mouth Implant Reconstruction Jan 2009
From Treatment Planning To Fixed Restoration (21 CE Credits)
Foster Executive Education: Minority Business Executive Program June 2015
Seattle, WA
McCombs Texas Executive Education: Strategic Decision Making Sept 2015
Austin, TX
UC Berkeley Executive Education: Financial Analysis for Non-Financial Executive Oct 2015
Berkeley, CA
NYU Stern Executive Education: Disruptive Leadership (Fostering a Culture of Game-Changing Innovation)
Dec 2015
New York, NY

LANGUAGES

Korean –native language
English –speak fluently, read, and write with high proficiency

MEMBERSHIPS –PAST AND CURRENT

American Dental Association
Academy of General Dentistry
Alaska Dental Society
American Dental Society of Anesthesiology
International Congress of Oral Implantologists
Academy of Laser Dentistry
American Academy of Cosmetic Dentistry
American Academy of Periodontology
American Academy of Implant Dentistry
Academy of Osseo integration

From: [Board of Dental Examiners \(CED sponsored\)](#)
To: [Joshua](#)
Cc: [Wiard, Tracy L \(CED\)](#)
Subject: BTY Study Club Course Approval application
Date: Thursday, January 3, 2019 8:11:28 AM
Attachments: [Request for refund by CC.pdf](#)

Good Morning Dr. Jeon,

After the board's meeting and conversation with you at the December 7, 2018 board meeting, the board has determined that you can request a refund for the \$50 you submitted for your continuing education course approval application. The board would like to see your implant course approved by PACE. You would need to contact them directly to see how to apply for that and get your implant course approved with them.

As for your Wednesday study groups that you offer you could submit a new course approval application along with the course outline or description to apply for approval by the board and allow the applicants to receive the CE for these study groups.

Please find the attached form #08-4205b Request for Refund made by credit card. Please fill this out and fax or mail this back to our office. Please do not email the form as we cannot accept this via email in an attempt to keep your credit card information secure.

Respectfully,

Amber Treston

*Records and Licensing Supervisor
(907)465-1074*

*Alaska State Medical Board
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>*

*Board of Dental Examiners
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx>*

From: Board of Dental Examiners (CED sponsored)
Sent: Thursday, December 06, 2018 9:35 AM
To: 'Joshua' <ddsjoshua@gmail.com>
Subject: RE: Board of Dental Examiners meeting

Good Morning,

Will you be available tomorrow at 4:15 p.m. Alaska time? We have you on the agenda. Please respond and let me know. The call in information is attached to the agenda.

Also, do you have a good cell phone number we can call you if we are ahead of schedule. I know you are traveling but we have attempted to have you discuss your application with the board several times now.

Thank you,

Amber Treston

Records and Licensing Supervisor
Alaska State Medical Board
Board of Dental Examiners
(907)465-2542

From: Board of Dental Examiners (CED sponsored)
Sent: Friday, October 05, 2018 7:40 AM
To: 'Joshua' <ddsjoshua@gmail.com>
Subject: RE: Board of Dental Examiners meeting

Good Morning,

I will know the schedule better when we get closer to this date. What time is your flight? Perhaps I can take that into consideration when organizing the agenda.

Respectfully,

Amber Treston

Occupational Licensing Examiner

Board of Dental Examiners

Phone: (907)465-2542

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx>

From: Joshua <ddsjoshua@gmail.com>
Sent: Thursday, October 04, 2018 3:40 PM
To: Board of Dental Examiners (CED sponsored) <boardofdentalexaminers@alaska.gov>
Subject: Re: Board of Dental Examiners meeting

I have to know exactly what time because I might be in the plane coming back from Korea

Sent from my iPhone

On Oct 4, 2018, at 9:03 AM, Board of Dental Examiners (CED sponsored) <boardofdentalexaminers@alaska.gov> wrote:

Dr. Jeon,

Are you available to call in? You do not need to be present for this. It would not take much of your time possibly 20 minutes.

Respectfully,

Amber Treston

Occupational Licensing Examiner

Board of Dental Examiners

Phone: (907)465-2542

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx>

From: Joshua <ddsJoshua@gmail.com>

Sent: Wednesday, October 03, 2018 3:45 PM

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

Cc: Amanda Vang <hrteam@btydental.com>

Subject: Re: Board of Dental Examiners meeting

Hello

I am so sorry I cannot make it this time either..... I still want it but always there is time conflict I might need to try on next board meeting thank you

Sent from my iPhone

On Oct 3, 2018, at 10:00 AM, Board of Dental Examiners (CED sponsored) <boardofdentalexaminers@alaska.gov> wrote:

Good Morning Dr. Jeon,

The Board of Dental Examiners received your application for Continuing Education Course Approval Application for the course BTY Study Club on 4/3/17. The board has made several attempts to reach you and has requested that you call in for one of the board meetings. At this time, we have not been able to get a date that you would be able to discuss this application with the board. Are you still interested in obtaining this Course Approval from the board? If you are, then the board requests that you join the board meeting December 7th, 2018. You will be able to call in or join via videoconferencing.

Please let me know how you would like to proceed with this application.

Respectfully,

Amber Treston

Occupational Licensing Examiner

Board of Dental Examiners

Phone: (907)465-2542

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers.aspx>

Lunch



gg64306403 www.gograph.com

Division Update

Board of Dental Examiners
Schedule of Revenues and Expenditures

	FY 12		FY 13		FY 14		FY 15		FY 16		FY 17		FY 18		FY 19 1st & 2nd Qtr	
Licensing Revenue	\$	56,206	\$	389,729	\$	75,095	\$	479,846	\$	103,201	\$	686,060	\$	179,011	\$	59,445
Allowable Third Party Reimbursement		-		-		-		-		-		-	\$	-	\$	127
Total Revenue		56,206		389,729		75,095		479,846		103,201		686,060		179,011		59,572
Direct Expenditures																
Personal Services		118,947		176,988		154,086		116,909		132,528		167,345		164,638		97,753
Travel		22,787		16,471		12,796		14,040		8,138		5,286		9,189		4,508
Contractual		17,235		128,666		105,918		55,437		17,491		61,412		50,681		41,457
Supplies		1,483		1,491		525		1,102		427		846		493		123
Equipment		-		-		-		-		-		-		-		-
Total Direct Expenditures		160,452		323,616		273,325		187,488		158,584		234,889		225,001		143,841
Indirect Expenditures*		122,053		150,253		108,227		90,087		102,251		186,587		188,796		94,398
Total Expenses		282,505		473,869		381,552		277,575		260,835		421,476		413,797		238,239
Annual Surplus (Deficit)		(226,299)		(84,140)		(306,457)		202,271		(157,634)		264,584		(234,786)		(178,667)
Beginning Cumulative Surplus (Deficit)		490,477		264,178		180,038		(126,419)		75,852		(81,782)		182,802		(51,984)
Ending Cumulative Surplus (Deficit)	\$	264,178	\$	180,038	\$	(126,419)	\$	75,852	\$	(81,782)	\$	182,802	\$	(51,984)	\$	(230,651)

** For the first three quarters, indirect costs are based on the prior fiscal year's total indirect amount on a percent of year completed basis.
The 4th quarter board reports reflect the current year's actual indirect expenses allocated to the boards.
Biennium March 1, 2017- February 28, 2019

Appropriation	(All)
AL Sub Unit	(All)
PL Task Code	DEN1

Sum of Expenditures Object Code	Object Name	Object Type Code				Grand Total
		1000	2000	3000	4000	
1011	Regular Compensation	53,770.37				53,770.37
1014	Overtime	184.23				184.23
1023	Leave Taken	8,858.30				8,858.30
1028	Alaska Supplemental Benefit	3,857.11				3,857.11
1029	Public Employee's Retirement System Defined Benefits	8,701.53				8,701.53
1030	Public Employee's Retirement System Defined Contribution	1,223.46				1,223.46
1034	Public Employee's Retirement System Defined Cont Health Reim	973.47				973.47
1035	Public Employee's Retirement Sys Defined Cont Retiree Medical	218.47				218.47
1037	Public Employee's Retirement Sys Defined Benefit Unfnd Liab	2,701.60				2,701.60
1039	Unemployment Insurance	205.85				205.85
1040	Group Health Insurance	13,228.52				13,228.52
1041	Basic Life and Travel	23.35				23.35
1042	Worker's Compensation Insurance	616.68				616.68
1047	Leave Cash In Employer Charge	1,446.48				1,446.48
1048	Terminal Leave Employer Charge	751.82				751.82
1053	Medicare Tax	868.90				868.90
1077	ASEA Legal Trust	87.08				87.08
1079	ASEA Injury Leave Usage	17.60				17.60
1080	SU Legal Trst	18.37				18.37
2000	In-State Employee Airfare			355.41		355.41
2001	In-State Employee Surface Transportation			61.44		61.44
2002	In-State Employee Lodging			229.00		229.00
2003	In-State Employee Meals and Incidentals			90.00		90.00
2005	In-State Non-Employee Airfare			414.16		414.16
2008	In-State Non-Employee Meals and Incidentals			240.00		240.00
2009	In-State Non-Employee Taxable Per Diem			171.00		171.00
2010	In-State Non-Employee Non-Taxable Reimbursement			610.39		610.39
2013	Out-State Employee Surface Transportation			67.93		67.93
2015	Out-State Employee Meals and Incidentals			127.00		127.00
2020	Out-State Non-Employee Meals and Incidentals			224.00		224.00
2022	Out-State Non-Employee Non-Taxable Reimbursement			1,917.68		1,917.68
2970	Travel Cost Transfer			-		-
3002	Memberships				5,385.00	5,385.00
3035	Long Distance				64.33	64.33
3036	Local/Equipment Charges				255.27	255.27
3044	Courier				200.89	200.89
3045	Postage				51.82	51.82
3046	Advertising				2,074.02	2,074.02
3057	Structure, Infrastructure and Land - Rentals/Leases				43.24	43.24
3066	Print/Copy/Graphics				26.00	26.00
3069	Commission Sales				18.75	18.75
3088	Inter-Agency Legal				25,654.97	25,654.97
4002	Business Supplies					40.65
4005	Subscriptions					82.00
3094	Inter-Agency Hearing/Mediation				7,683.00	7,683.00
Grand Total		97,753.19	4,508.01	41,457.29	122.65	143,841.14

EXECUTIVE SESSION MOTION

Sec. 44.62.310. Government meetings public.

(c) The following subject may be considered in an executive session:

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

MOTION WORDING:

"In accordance with the provisions of Alaska Statute 44.62.310 (c), I move to go into executive session for the purpose of discussing (select the appropriate statutory citation for the situation):

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

**Board staff is requested to remain during the session *OR*
Board only to remain during session."**

Staff will then state "The board is off the record at _____(time)."

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 member(s) _____ 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.

Sign Wall Certificates

PDMP Investigative Memos

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession. This report includes data up to January 2019.



Overview:

The PDMP began in 2008 and is housed with the Board of Pharmacy under the Department of Commerce, Community, and Economic Development (DCCED) – Corporations, Business, and Professional Licensing (CBPL) section. Mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP on a daily basis. Information on exemptions can be found www.pdmp.alaska.gov under the Registration and Use Exemptions tab and includes information for federally-employed practitioners and pharmacists as well as information on situational exemptions to PDMP use. If mandatory registration and use exemptions do not apply and a licensee fails to register with the PDMP, disciplinary action may be taken by the Board of Dental Examiners.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Updates and Imminent changes:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
- PDMP renewal for dentists will be due by 02/28/19; however, due to the influx of delayed initial registrations, the processing time for renewals is 8 – 10 weeks from the date received.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Dentist' to 'IHS Prescriber' (Indian Health Service) Prescriber or 'VA Prescriber' (Veterans Administration)
- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program 'Prescription Drug Monitoring Program' at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
- There are currently 42 pending accounts for dentists.

Data:

The Alaska State Board of Dental Examiners regulates several license types, including dentists, dental hygienist, dental assistants, and also issues permits for sedation and general anesthesia. As of February 12, 2019, there are a total of 7,046 registered users, 640 of which are dentists (Figure 1). The proportion of total licensed dentists registered with the PDMP is 73%; 27% are not registered (Figure 2) potentially due to potential non-compliance, not having an active Drug Enforcement Administration (DEA) registration, or being registered with a federal user role, e.g.: IHS Prescriber, VA Prescriber, or Military Prescriber.

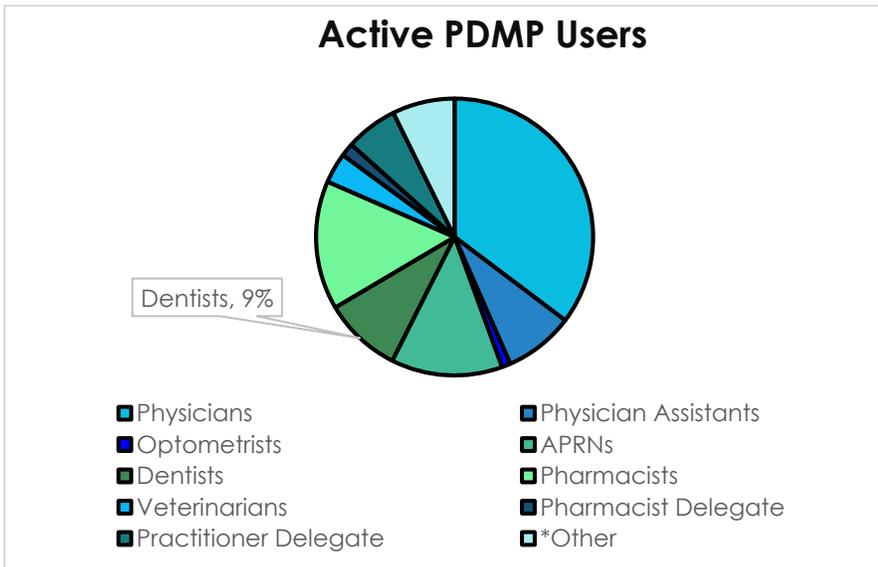


Figure 1. Dentists comprise 9% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, restricted admin, and medical examiners/coroners.

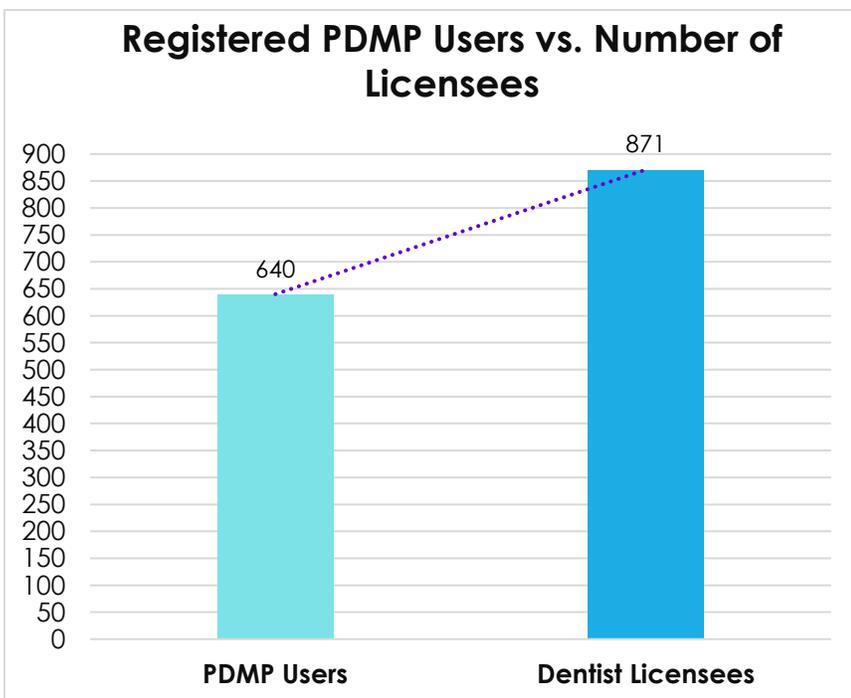


Figure 2. The proportion of licensed dentists to registered PDMP users is represented; however, some licensed dentists may be excluded from this figure due to not holding an active DEA registration.

Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figures 4 – 6 shows the interaction activities of captured from January 2017 to December 2018.

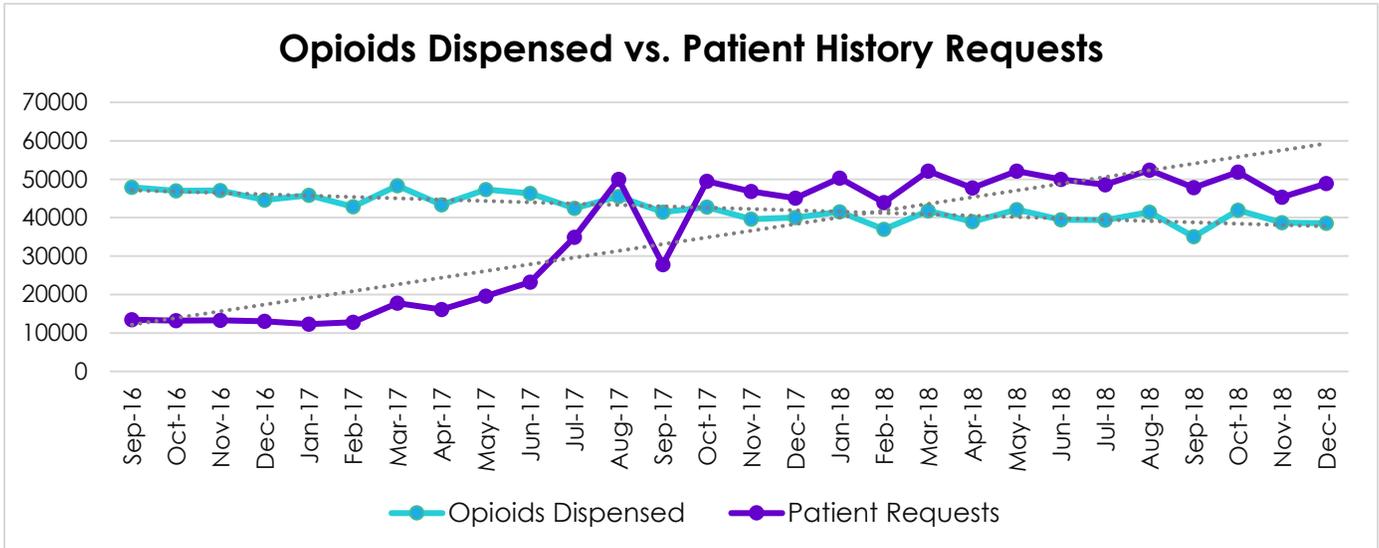


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

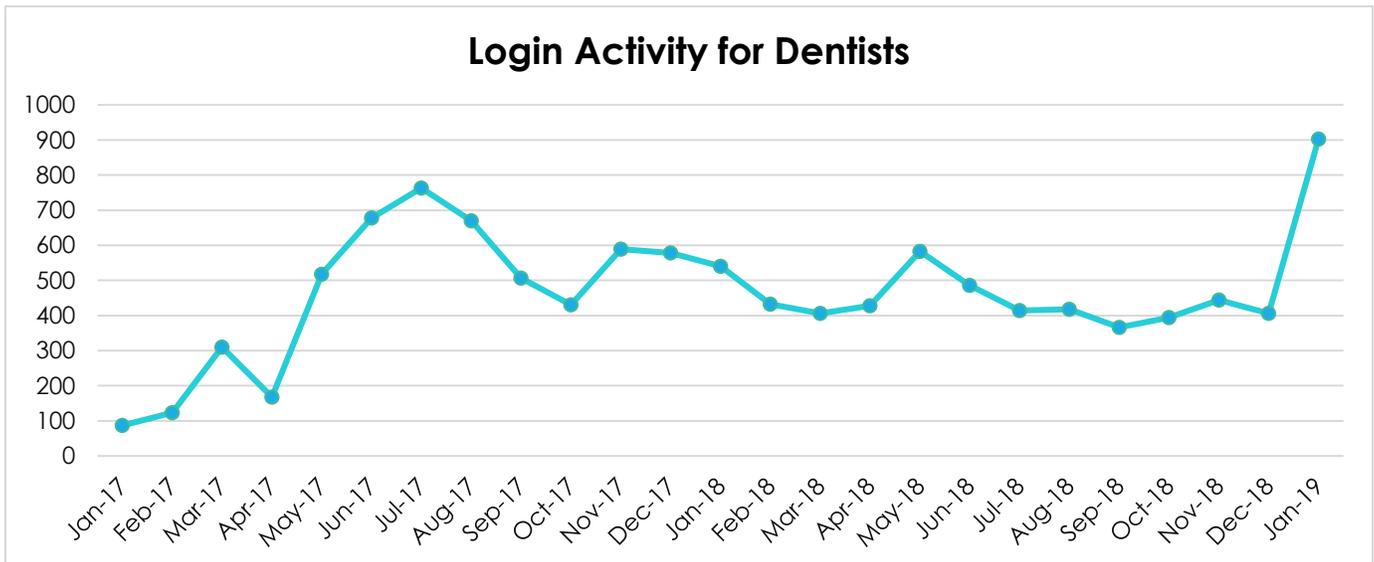


Figure 4. Prior to January 2019, login activity peaked in July, corresponding to the effective date of mandatory use. In January, the PDMP recorded 903 logins, a 122.4% increase from the previous month.

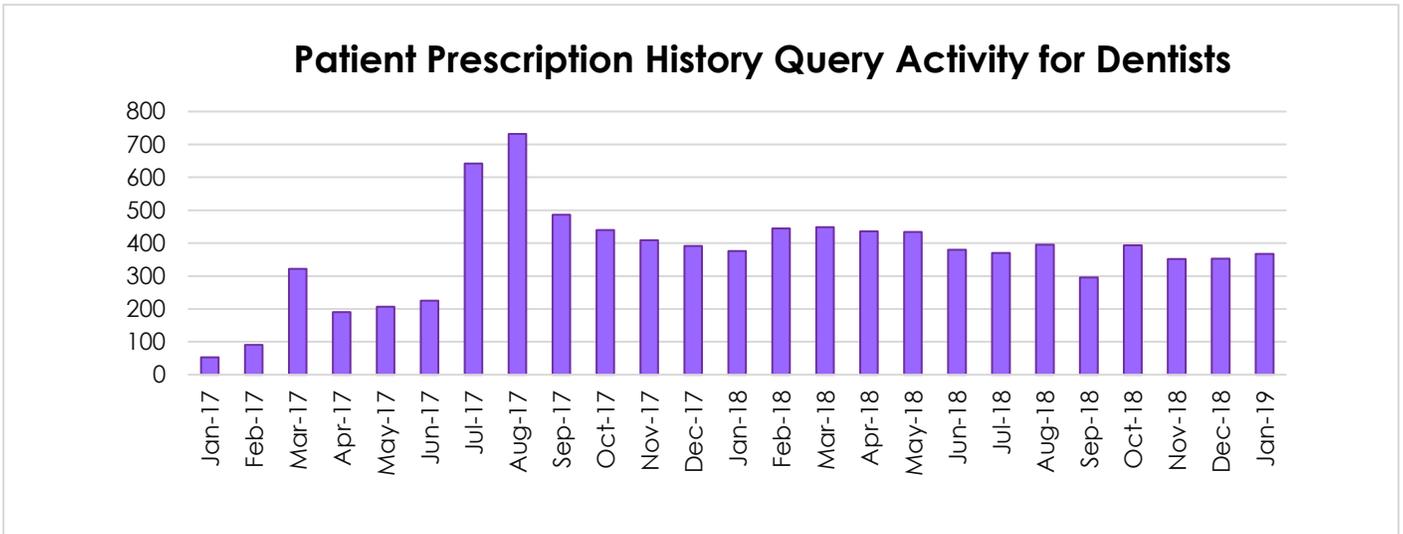


Figure 5. Patient prescription queries peaked in July 2017, corresponding to the mandatory use requirement; however, queries have not changed substantially for the last 12 months.

Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist.

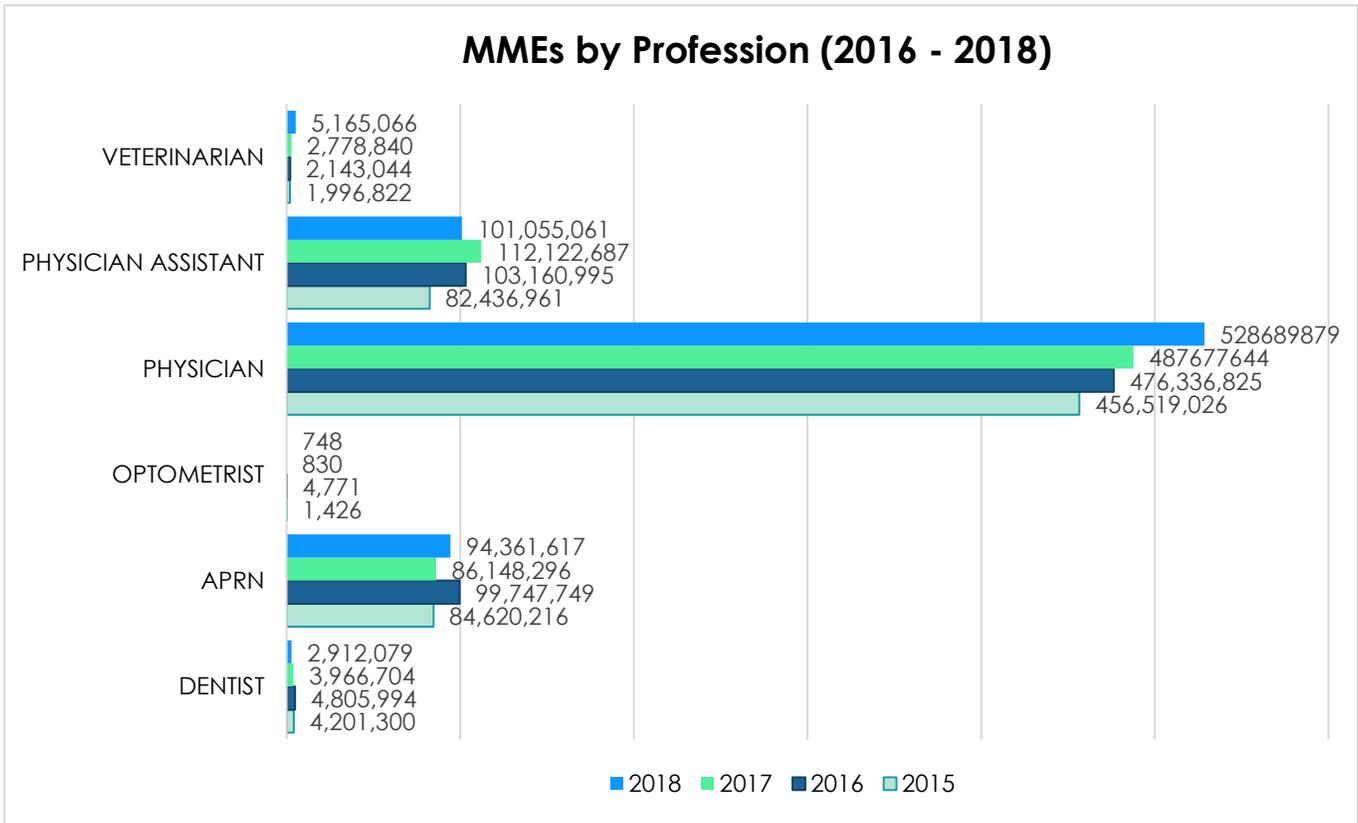


Figure 6. MMEs prescribed by dentists comprised .4% of total MMEs prescribed in 2018. The percent of MMEs prescribed by dentists fell by 26.5% from 2017 to 2018.

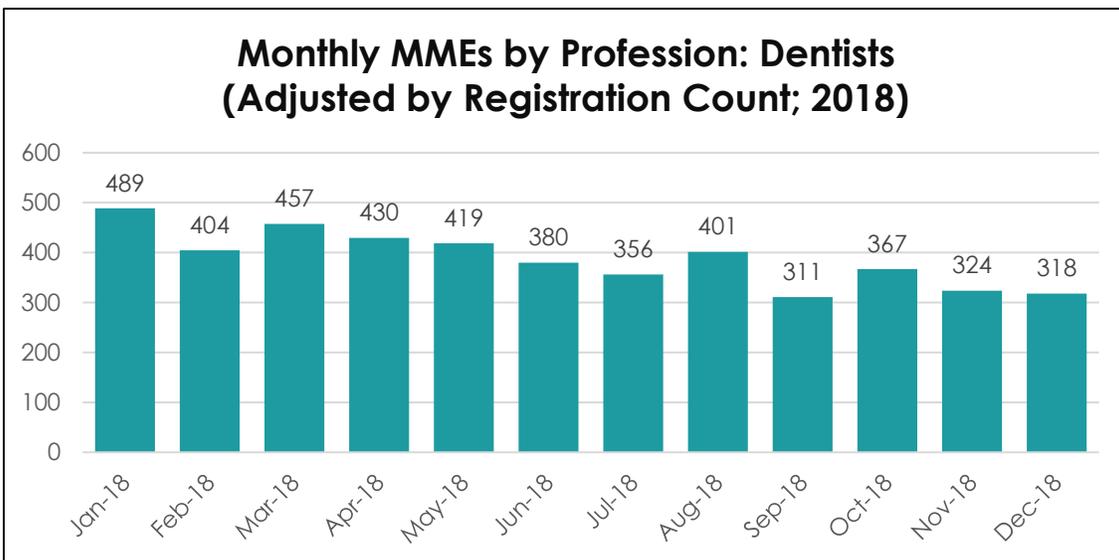
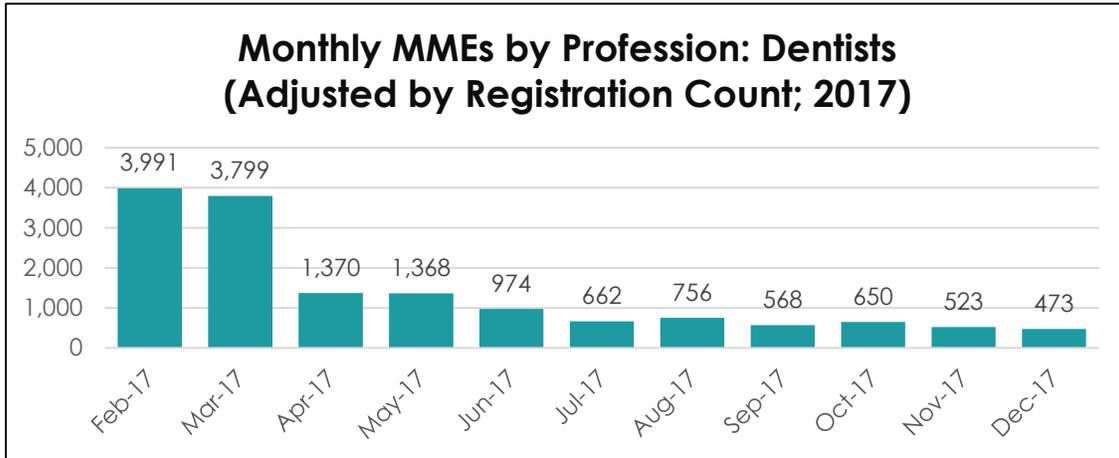


Figure 7. MMEs per month by profession and adjusted by registration count. January 2017 values are unavailable due to incomplete data.

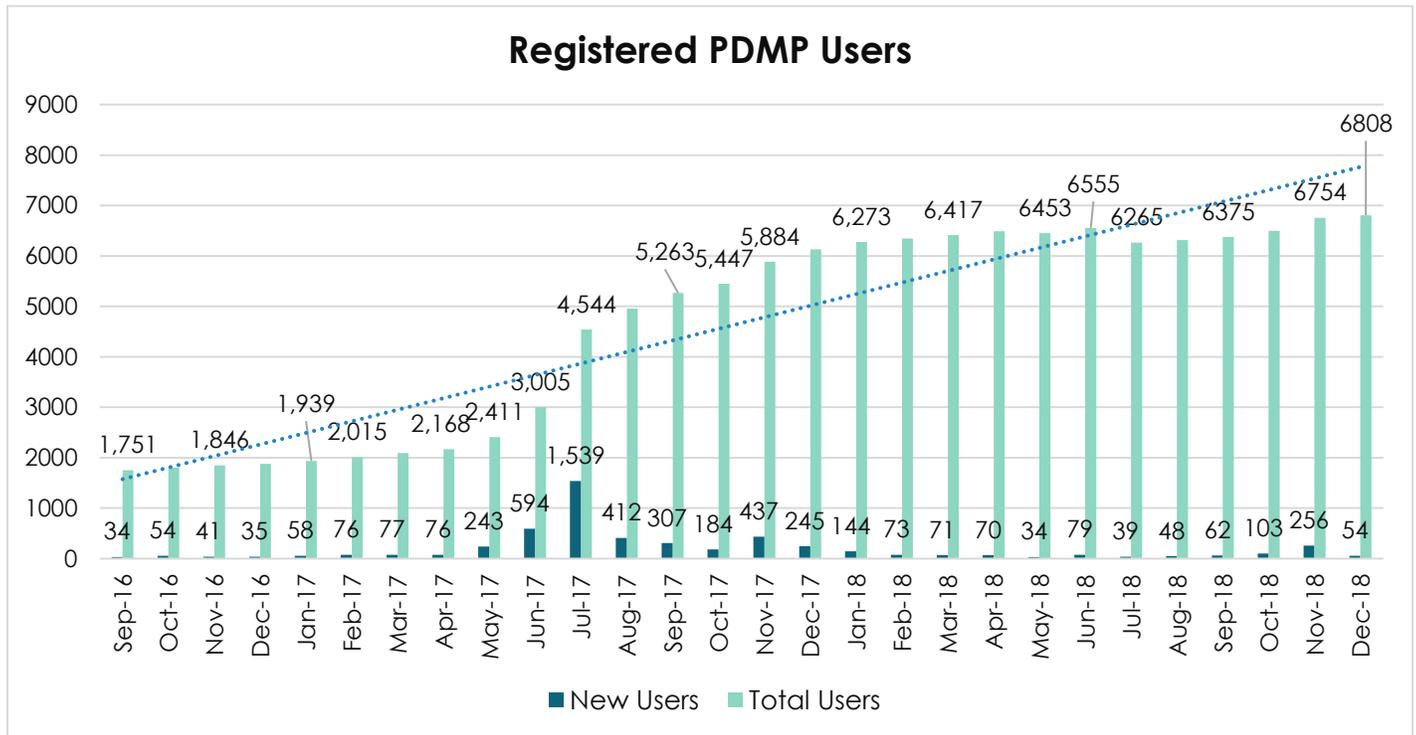


Figure 8. Registered users have steadily increased following mandatory registration.

In response to opioid guidelines, recommendations, and requirements provided by the CDC, CMS, the DEA, and AS 08, this document is being released to prescribers and licensees to assist in navigating prescribing and dispensing practices within these contexts and to support increased communication between prescribers and dispensers. Each prescribing board and the Alaska Board of Pharmacy selected a representative to provide input and clarification on this multidimensional issue:

- **Board of Dental Examiners:** Dr. Paul Silveira, DDS
- **Medical Board:**
- **Board of Nursing:** Windy Thon, APRN
- **Board of Examiners in Optometry:**
- **Board of Pharmacy:** Rich Holt, PharmD, MBA

This joint document aims to

- encourage communication between practitioners and pharmacists through e-prescribing, or other methods, to achieve optimal patient outcomes while reducing risks,
- provide statutory and regulatory perspectives on expectations for prescribers and pharmacists, and
- distinguish and clarify legal requirements from those that are guidelines or recommendations.

The following references and resources provide for a more comprehensive review to support safe and legal prescribing and dispensing practices:

Legal References / Requirements:

- [Title 21 Code of Federal Regulations \(CFR\), Part 1300](#)
- [Pharmacist Dispensing: Corresponding Responsibility under 21 CFR 1306.04](#)
- [DEA: Pharmacist's Manual](#)
- [DEA: Practitioner's Manual](#)
- [AS 08: Maximum Dosage of Opioid Prescriptions](#)
- Alaska Professional Licensing Websites:
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing.asp>
- [March 2017 Alaska Medicaid ICD-10 Diagnosis Code Requirements for Opioid Prescriptions](#)
- [Center for Medicare & Medicaid Services: 2019 Final Call Letter \(including opioid prescriptions\)](#)

Guidelines / Recommendations:

- [CDC: Information for Providers](#)
- [CDC: Determining when to Initiate or Continue Opioids for Chronic Pain](#)
- [CDC: Checklist for Prescribing Opioids for Chronic Pain](#)
- [December 2016 Joint Committee on Prescriptive Guidelines Report to Alaska State Legislature](#)

In light of the CDC guidelines and the many legal requirements for practitioners and pharmacists regarding prescribing and dispensing of control substance prescriptions, it has become evident today that practitioners are hearing substantially more from pharmacists concerning control substance prescriptions.

The increased volume of questions that are being asked by pharmacists to patients and prescribers are because of the corresponding responsibility placed on pharmacists by the Drug Enforcement Administration (DEA) under Title 21 CFR, Section 1306.04(a), which states:

§1306.04 Purpose of issue of prescription.

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

This federal regulation places a responsibility on the pharmacist to ensure that the control substance prescription is being used for a “legitimate medical purpose.” In order to understand the particular patient scenario questions may be asked of the patient and/or practitioner. This places a heavy emphasis on the collaboration that is needed between patient, pharmacist, and practitioner to ensure not only prescription requirements are met but that best patient improvement and outcomes are placed as the priority. A breakdown in this triad of may result in a pharmacist refusing to fill a prescription for lack of needed information.

In addition, pharmacists may have repercussions for certain dispensing under Alaska regulation 12 AAC 52.920, which reads:

12 AAC 52.920. DISCIPLINARY GUIDELINES. (a) In addition to acts specified in AS 08.80 or elsewhere in this chapter, each of the following constitutes engaging in unprofessional conduct and is a basis for the imposition of disciplinary sanctions under AS 08.01.075:
...

(2) dispensing drugs to an individual or individuals in quantities, dosages, or for periods of time that grossly exceed standards of practice, approved labeling of the federal Food and Drug Administration, or the guidelines published in professional literature; this paragraph does not apply to prescriptions dispensed to persons with intractable pain or to a narcotic drug dependent person in accordance with the requirements of 21 C.F.R. 1306.07, as amended as of February 6, 1997;

Pharmacists and practitioners are vital to improving patient outcomes. As such, it is imperative that professional teamwork and dialogue exist to maintain regulatory compliance while adapting new standards of prescribing and dispensing based on new statutes and regulations guided by new clinical studies, guidelines, or recommendations.

Julie Anderson
Commissioner

www.Commerce.Alaska.Gov



Department of Commerce,
Community, and
Economic Development

Anchorage, Alaska

STATE OF ALASKA

PRESS RELEASE

For Immediate Release

19-003

URGENT NOTICE: PHARMACIES URGED TO CONSULT PHYSICIAN BEFORE REFUSING THEIR PATIENT'S OPIOID PRESCRIPTION

Friday, January 25, 2019 (Anchorage) - Managing the opioid epidemic is a key priority when ensuring the safety of all Alaskans. The State of Alaska urges pharmacies to work closely with prescribers to provide appropriate care for their patients, including dispensing of opioids.

"As we work to address the epidemic, it is important that we maintain a balanced approach in our response by continuing to focus on over prescribing and illicit substance use" says Andy Jones, Director for the Office of Substance Misuse and Addiction Prevention. "We must ensure Alaskans who are working with their healthcare providers and following treatment guidelines receive the necessary medications needed to manage various chronic health conditions."

Recent federal legislation (21 CFR §1306.04(a)) provides more tools to strike this balance; it does not inhibit practitioners' ability to prescribe controlled substances to patients. "State law places the treatment of pain in the prescriber's hands," says Sara Chambers, director of the Division of Corporations, Business and Professional Licensing. "The prescribing practitioner has full authority to make a diagnosis and determine the appropriate course of treatment, including dosage and quantity of a controlled substance. The patient's best interests must come first, and pharmacists are valued partners in the healthcare team; however, **they are not prescribers and should not refuse to fill a valid prescription without first consulting the prescribing practitioner.**"

Under the new federal legislation, the Drug Enforcement Authority (DEA) recognizes "the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription." A pharmacist may use professional judgment to refuse filling a prescription.

Richard Holt, Pharm. D and chairman of the Alaska Board of Pharmacy (within the Department of Commerce, Community, and Economic Development), encourages pharmacists to follow a proactive and professional method of evaluating dispensation to patients. "The Board of Pharmacy does not recommend refusing prescriptions without first trying to resolve concerns with the prescribing practitioner as the primary member of the healthcare team," says Holt. "We are all licensed healthcare professionals and have a duty to use our knowledge, skill, and judgment to improve patient outcomes and keep them safe."

Questions about prescribing and dispensing controlled substances may be directed to Sara Chambers, director of the Division of Corporations, Business and Professional Licensing, at

sara.chambers@alaska.gov or 907-465-2144. Additional information regarding controlled substance prescribing is available online at pdmp.alaska.gov.

Questions regarding opioid addiction may be directed to Andy Jones, director of the Office of Substance Misuse and Prevention at osmap@alaska.gov or 907-334-2602. Resources on opioid misuse are available online at opioids.alaska.gov.

###

Media Contact: Assistant Commissioner [Shawn Williams](#) (907) 269-8159

**State of Alaska Board of Dental Examiners Disciplinary Matrix for PDMP
Infractions**

Infraction	Board Approved Disciplinary Precedent	Board Approved Disciplinary Precedent
Initial Failure to register with PDMP.		
Failure to prescribe within guidelines stated in regulations.		
Failure to renew PDMP registration.		
Failure to check registry/patient history prior to prescribing, administering or dispensing class II/III medication.		
Failure to deactivate PDMP delegate.		
Inappropriate access to PDMP.		

FREQUENTLY ASKED QUESTIONS ABOUT CONTROLLED SUBSTANCE PRESCRIPTIONS

Can a pharmacist ask a patient or prescriber about my medical condition and treatments?

Yes. Pharmacists are trained, allowed, and obligated to ask both patients and prescribers questions about any prescription. This may include any inquiry about previous medications or other attempts to treat the condition for which the prescription is being presented. This is not a violation of the Health Insurance Portability and Accountability Act (HIPAA).

What law authorizes a pharmacist to ask questions regarding my controlled substance prescription?

Title 21 of Code of Federal Regulations, Section 1306.04(a) obligates a pharmacist to make sure that all controlled substance prescriptions are being dispensed “in the usual course of medical treatment.” Therefore, a pharmacist may need to gather further information by communicating with the patient’s prescriber.

What if I or my prescriber do not want to answer questions from the pharmacist?

If a pharmacist cannot obtain adequate information from either the patient or prescriber’s office to answer their questions or address their concerns, then they are obligated to refuse to fill the prescription.

What resources may a pharmacist use to evaluate whether a prescription meets the “usual course of medical treatment?”

- the prescriber’s office to gather more information about the condition and treatment
- the Prescription Drug Monitoring Program or other software that helps analyze dangerous combinations and dosages
- board of pharmacy statutes and regulations, and published medical literature
- the medication package insert
- published information / guidelines from the Drug Enforcement Administration (DEA), Food and Drug Administration (FDA) or Centers for Disease Control (CDC)

What other criteria does a pharmacist evaluate for a controlled substance prescription?

- other aspects of a controlled substance prescription that a pharmacist may evaluate prior to dispensing may include multiple individuals presenting prescriptions for the same drugs in the same quantities from the same doctor
- individuals presenting prescriptions for controlled substances known to be highly abused
- individuals paying high prices for controlled substances (a DEA “red flag”)
- individuals residing long distances from the pharmacy or passing multiple pharmacies to get a prescription filled. These are known as possible “red flags” by the DEA and require that pharmacists evaluate prior to dispensing the prescription.
- This is not an all-inclusive list and is meant to provide examples of what pharmacists may evaluate. You can find more information about this at: https://www.deadiversion.usdoj.gov/mtgs/pharm_awareness/conf_2013/march_2013/carter.pdf

May a pharmacy request my identification for a controlled substance prescription?

Yes. The DEA provides pharmacists with guidelines to confirm a patient’s identity before filling a legitimate prescription.

Can a pharmacist refuse to fill my prescription?

Yes. If a pharmacist receives a prescription that does not meet the federal regulation above, they are allowed and obligated to refuse the prescription. In addition, if a pharmacist believes that any prescription is written for a medication, strength, direction, or combination that is not safe, then the pharmacist is obligated to refuse to fill the prescription. The Alaska Board of Pharmacy encourages pharmacists to work with the prescribing practitioner to resolve concerns prior to refusing to fill.

What happens after a pharmacist refuses to fill a prescription?

The pharmacist should return the prescription to the customer allowing him/her to bring it to another pharmacy of their choice. If it was an electronic prescription sent directly to the pharmacy, the prescriber will need to send the prescription to another pharmacy of the patient’s choice. The patient is also encouraged to consult with the prescribing practitioner.

Individuals who would like to file a complaint—and can **cite clearly** the reason for the complaint by referencing applicable statutes and regulations of the corresponding prescribing and/or dispensing board—can fill out a Request for Contact form. The form can be found at the following link: <https://www.commerce.alaska.gov/web/cbpl/Investigations.aspx>.

Break



AAFDO

Preparation Checklist



Preparation Checklist

For a

Sedation Anesthesia Medical Emergency Readiness Inspection (SAMERI)

Thank you for investing in the safety of your patients by electing to conduct the SAMERI conducted by the Accreditation Association for Dental Offices (AAFDO).

The following is a checklist that will prepare your office for Inspection.

To ensure your readiness for the inspection, it is critical to complete the checklist and gather these documents and/or items and to have them ready for presentation to the SAMERI Inspector during the inspection process. One dentist and one clinical staff member are required to be present for the inspection. **If you use a Sedation Provider in your office, that individual will need to be present as well (unless they have already established their 3-year currency by participating in an inspection provided by AAFDO).**

Once you have located, organized, and prepared these documents and/or items for presentation, you are ready to schedule your inspection. Instructions for scheduling your inspection are provided at the end of this document.

Preparation Checklist

Definitions

AAFDO uses the following DEFINITIONS during the inspection process:

MINIMAL SEDATION: a drug-induced state during which patients respond normally to verbal commands (also referred to as anxiolysis)

MODERATE SEDATION: a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation (also referred to as conscious sedation)

DEEP SEDATION: a drug-induced depression of consciousness during which patients cannot be easily aroused by respond purposefully following repeated or painful stimulation

GENERAL ANESTHESIA: a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation

Documents

Please gather the following mandatory documents for review during the inspection. Having these documents available, in order, for the Inspector will prevent delays and ensure your inspection proceeds smoothly.

- Blank Copy of medical/dental history forms
- Blank Copy of Patient Informed Consent forms for sedation/anesthesia
- Blank Copy of Anesthesia/Sedation forms used on patients
- Current Basic Life Support (BLS) certifications for dentists and clinical staff
- Current Advanced Cardiovascular Life Support (ACLS) **and/or** Pediatric Advanced Life Support certifications (PALS) for dentists (if applicable)
- Current dental license/ registration for all clinical staff
- Current sedation permit(s) for facility AND each provider (if applicable)
- Current Registered Dental Hygienist (RDH) local anesthesia permit (if applicable)
- Current DEA registration for each dentist

Preparation Checklist

- Medical Emergency Plan (if you don't have one, you may find a template in the **Mock Medical Emergency Drills Guide** provided as part of the inspection process)
- Emergency Treatment Record/Adverse Event Record
- Discharge Patient Criteria Form
- Narcotic or Scheduled Drug Inventory Log
- Automated External Defibrillator (AED) Maintenance Record or Log
- Medical Emergency Training lecture certificate (online or in-person course taken within last 3 years of inspection date on medical emergencies)
- Emergency Protocols/Mock Drill Binder that documents:
 - The different mock emergency drills that you and your office staff practice
 - The training record (or log) for when, and how often, you have practiced those mock emergency drills

(Note: if you do not have a binder you should create one prior to your inspection by printing and organizing in a binder the **Mock Medical Emergency Drill Guide** that was attached to the email.)

Attestations

You will only be responsible to attest to your readiness for emergencies that pertain to the level of anesthesia that you provide.

- Be prepared to attest to your readiness to respond to the following emergencies for both adults and children (if applicable):
 - Syncope
 - Angina
 - Myocardial infarction/Cardiac Arrest
 - Hypertension
 - Hypotension
 - Asthma
 - Allergy/Anaphylaxis
 - Hyperventilation
 - Diabetes (Insulin Shock)

Preparation Checklist

- Emesis/Aspiration
- Seizures
- Sudden Cardiac Arrest (SCA)
- Cerebrovascular Accident (Stroke)
- Foreign Body Obstruction (FBO) with airway management
- Local Anesthetic Toxicity
- Epinephrine Overdose
- Narcotic Overdose
- Benzodiazepine Overdose
- Laryngospasm
- Bradycardia

(Note: The inspector will ask you to verbally attest to your team's readiness to respond to the above emergencies for both adults and children (if applicable). The **Mock Medical Emergencies Drills Guide** provided as part of the inspection process should be used to prepare for this part of the inspection.)

Advanced Anesthesia

These additional documents/items are required for Advanced Anesthesia Inspections (e.g. enteral/minimal, moderate, deep sedation/general anesthesia, pediatric sedation).

- Sedation/Anesthesia form and other forms used while providing clinical care
- Blood pressure monitor
- Electrocardiographic monitoring (EKG)
- Capnography monitor
- Pulse Oximetry
- Controlled substance log book (if applicable)
- Airway Management Kit
- Portable Oxygen with proper connections
- Backup suctioning and auxiliary lighting
- Intramuscular (IM) and/or Intravenous (IV) equipment
- Recovery room

Preparation Checklist

- Emergency Medications with log book (Note: If you participate in an Automatic Emergency Drug Renewal system, please inform the Inspector at that time during your inspection. The inspector will need to know which company and the date of your renewal.) You must have the appropriate emergency medications for both adult and pediatric patients (if applicable).

To prepare for the SAMERI Virtual Inspection process:

- FULLY charge your smartphone or tablet
- Ensure your smartphone or tablet is setup on your WIFI (and that you have an adequate WIFI signal throughout your office)
- Download the Zoom app from Apple or Android providers (depending on your device)
- Designate a member of your office staff to assist you during the inspection
- If you use a designated anesthesia provider (e.g. CRNA), he/she must be present for the inspection unless they have already participated in an inspection provided by AAFDO
- Once you have completed all items on this checklist, go to <https://www.aafdo.com/book-online> and schedule your inspection. Set aside two hours for the inspection.

Should you have any questions about this list, please call Rob McCrary of AAFDO at 866-902-2336.

Preparation Checklist

About AAFDO

Our Mission is to enable dentists to provide, and their patients to receive, the safest, highest quality patient-centered care. Motivated by our passion this mission, we created a single, comprehensive resource to which dentists could turn to ensure they meet all applicable regulations, are using best practices, and providing the safest care.

We also believe that, as in other healthcare specialties, those practices that meet this stringent level of excellence should be “accredited,” and be able to publicize their achievement. Our belief in the value of accreditation and sedation/anesthesia medical emergency readiness inspections is fueled by a deep and compelling drive to improve our industry by providing useful and needed services for dentists and great care for our patients.

DISCLAIMER: The AAFDO is providing information and services through our accreditation and/or inspection program as a benefit and service in furtherance of the AAFDO's mission. AAFDO makes no representations about the suitability of this information and these services for any purpose.

The AAFDO is NOT responsible (as a matter of product liability, negligence or otherwise) for any injury resulting from any material contained on this site or in our office survey or inspection processes. The AAFDO sedation / anesthesia medical emergency readiness inspection process contains information relating to general principles of medical care involving sedation and/or anesthesia that should not be construed as specific instructions for individual dentists, dental offices or patients.

The purpose of this inspection program is to provide information only, rather than advice or opinion. Nothing in this program should be construed as setting a legal standard of care or practice recommendations. The inspection requirements and algorithms contained in this inspection program should be considered a useful companion, and serve as a guide for the structured review of best practices. Dental healthcare professionals accessing this program agree to assume full responsibility for the use of this information and hold harmless any third party, including, but not limited to the AAFDO, it's owners, employees, contractors, partners, and Board members for any claim, loss, injury or damage arising from the use or dissemination of information within this inspection program.

By agreeing to participate in this program, you understand, acknowledge, and agree that you are assuming the entire risk as to the quality, accuracy, adequacy, completeness, correctness, authenticity, security, and validity of any and all content within this program, including, without limitation, all information and materials made available. By agreeing to participate in this program, you agree to waive any and all of your rights to bring any type of litigation to AAFDO, it's owners, employees, independent contractors and Board members. Dental healthcare practitioners are advised to continually seek confirmation of this material with other reputable sources and are advised to stay current with information as it becomes available.



Improving Patient Safety with Third Party
Sedation / Anesthesia Medical Emergency Readiness Inspections



Agenda

- **Introductions**
- **The safety risk for Alaskan dental patients**
- **The Solution – Inspections by an unbiased 3rd party**
- **How Inspections Work**
- **FAQs**
- **Benefits of a Partnership**



Introductions – AAFDO Leadership



John Roberson, DMD

- Chairman & Co-founder of AAFDO
- 20 years as a Certified Oral & Maxillofacial Surgeon
- Creator of the emergency medicine series and the Emergency Products Institute



Capt. Stephen W. Harden

- Co-founder of AAFDO & CEO/Founder of LifeWings
- 19 years in healthcare transformation - patient safety
- 40 years as a professional pilot & experience designing and conducting competency checks



Rob McCrary

- President of AAFDO
- 25 years in healthcare leadership
- Specializing in Compliance & Joint Commission audits

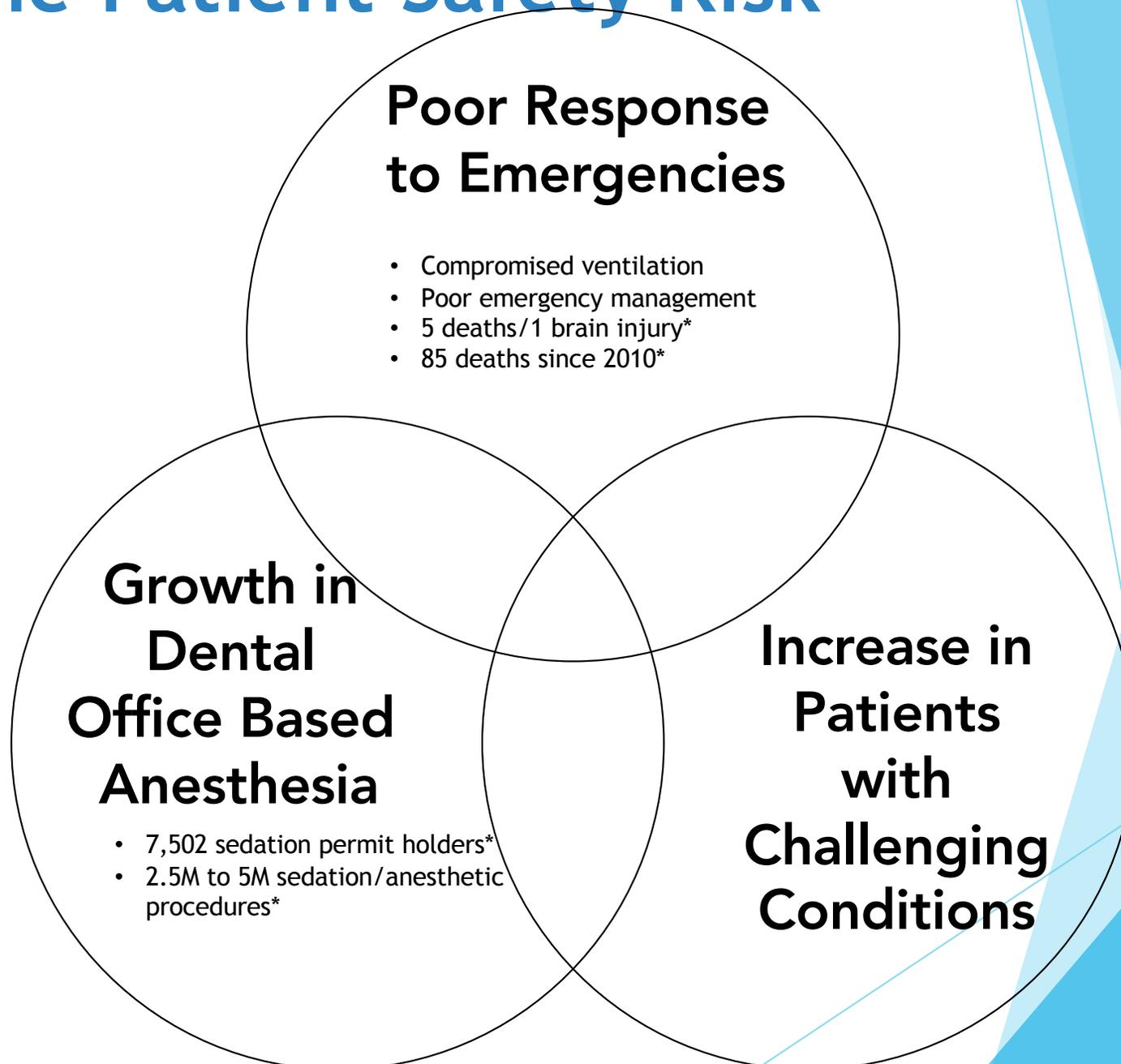


Richard Hetke, JD

- Vice President, AAFDO
- Former Executive Director of AADB
- Former CEO and General Counsel for ALFA International



The Patient Safety Risk



*Data from Texas for illustrative purposes



The Patient Safety Risk

- ▶ Adult sedation administration in general practice is increasing - estimated 40% of general dentists in the U.S. offering some form of sedation ¹
- ▶ 70% of board-certified pediatric dentists administer some form of sedation ²
- ▶ Veteran sedation dentists are seeing a significant uptick in the number of patients with heart conditions, diabetes, liver and kidney ailments, and other challenging medical conditions -requiring a deeper understanding of safety precautions ³
- ▶ As the population ages, the nation's implant dentists will treat increasing numbers of patients living longer with serious health conditions ⁴
- ▶ A dental patient dies nearly every other day in the United States ⁵

1. Dent Economics. 2009;99:24-26.

2. Anesth Prog. 2012;59:12-17.

3. <https://www.docseducation.com/blog/sedation-dentistry-more-you-know-more-you-need-learn>

4. https://www.aaid.com/news_and_publications/31

5. <http://interactives.dallasnews.com/2015/deadly-dentistry/>



The Patient Safety Risk

“Adverse events in dental office-based settings associated with sedation and/or anesthesia care have continued to occur with unacceptable frequency.”⁶

American Society of Anesthesiology

6. [https://www.csahq.org/docs/default-source/default-document-library/asa-statement-on-sedation-anesthesia-administration-in-dental-officebased-settings-\(1\).pdf?sfvrsn=0](https://www.csahq.org/docs/default-source/default-document-library/asa-statement-on-sedation-anesthesia-administration-in-dental-officebased-settings-(1).pdf?sfvrsn=0)



The Patient Safety Risk

The Dallas Morning News



Junior's Story

Drugged to death, in a Dallas dental chair

By Brooks Egerton | Staff Writer Published December 9, 2015



Girl's Death Blamed on Sedatives in Dentist's Chair

Mar 23, 2014 10:04 AM CDT

Investigations

The dangers of being put under at dental offices

By: Calily Bien

Posted: May 06, 2016 08:30 PM CDT
Updated: May 06, 2016 08:30 PM CDT



AUSTIN (KXAN) - A Texas lawmaker is demanding changes after a KXAN investigation discovers little oversight over dentists putting patients under sedation or anesthesia.

More and more dentists are offering sedation in their own offices but we found you may be at a greater risk because the Texas State Board of Dental Examiners doesn't conduct inspections of dentist's offices or their use of sedation or anesthesia. Our investigation also discovered the board rarely takes disciplinary action against dentists when patients are hospitalized or die after something goes wrong during a dental procedure involving sedation.





The Solution? Inspections by AAFDO

Sedation Anesthesia Medical Emergency Readiness Inspections (SAMERI)

One Source of Truth

Compilation of the nationally accepted standards for:

- Credentialing
- Licensing
- Permitting
- Training
- Education
- Facility standards
- Patient selection
- Safety
- Resuscitative and emergency protocols
- **Alaska Regulations**



Clinical Advisory Board



Stanley Malamed, MD

- Dentist anesthesiologist and Emeritus Professor of Dentistry
- Diplomate of the American Dental Board of Anesthesiology
- Authored 3 text books and more than 160 scientific papers and 17 chapters in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia



Larry J. Sangrik, DDS

- Nationally known speaker and expert in:
 - Dental medical emergency preparedness
 - Use of conscious sedation
 - Patient monitoring
- Author of the video and workbook on medical emergency preparedness sponsored by the American Dental Association



Ernie B. Luce, DDS

- Faculty at the University of Texas Health Science Center at San Antonio.
- Serves as the primary resource for sedation training and emergency management training to the residents in the Advanced Education in General Dentistry program.

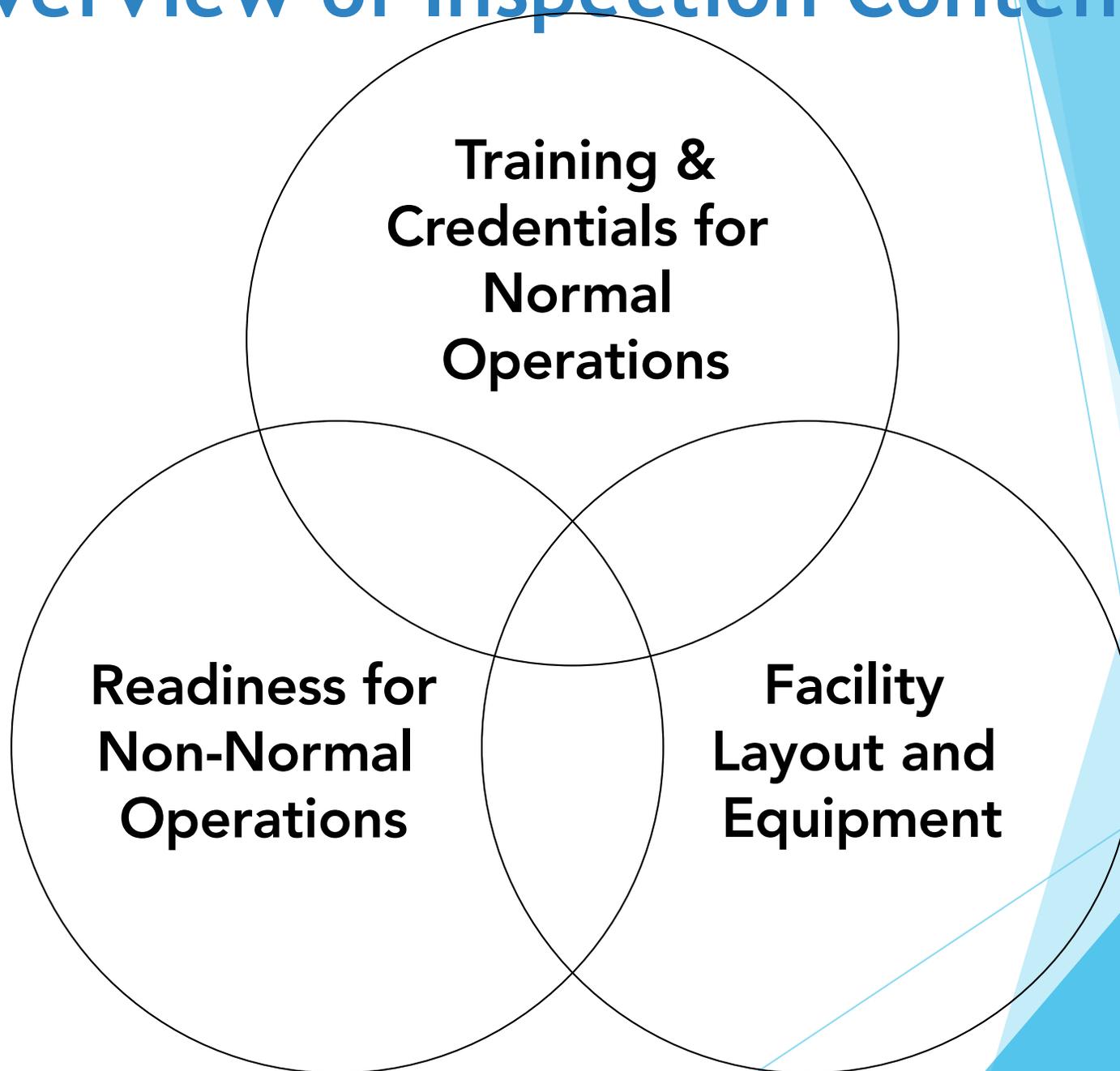


Richard A. Lazar

- Founder and president of Readiness Systems
- 20 years experience in AED program operations, risk management, legal and public policy issues
- Authored national AED program industry standards
- AED program compliance and risk management consultant

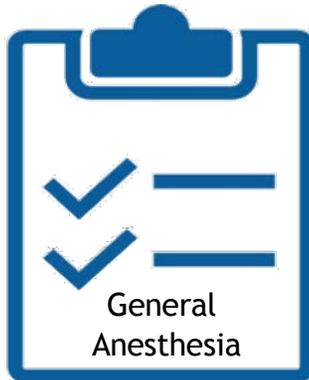


Overview of Inspection Content





Inspections are Customized





Inspections are Exhaustive & Unbiased

- Personnel qualifications and training
- Proper Documentation
- Suitability of the Office Facility for sedation/anesthesia
- Presence, training, and use of “in-date” Emergency Medications
- Presence and use of written emergency protocols
- Presence, training, and use of Emergency Equipment such as basic ventilation equipment and capnography
- Operational condition of emergency equipment
- Documentation of the completion of monthly mock emergency drills
- Presence of Anesthesia/Sedation Emergency Checklists used to prevent sedation or anesthesia induced medical mishaps
- Participation of office staff in annual medical or sedation emergency training lectures



Comprehensive Inspection Prep Checklist

Sedation/Anesthesia Medical Emergency Readiness Inspection
Preparation Checklist



Preparation Checklist
For a
Sedation Anesthesia Medical Emergency Readiness Inspection (SAMERI)

Thank you for investing in the safety of your patients by electing to conduct the SAMERI conducted by the Accreditation Association for Dental Offices (AAFD).

The following is a checklist that will prepare your office for inspection. To ensure your readiness for the inspection, it is critical to complete the checklist and gather these documents and/or items and to have them ready for presentation to the SAMERI Inspector during the inspection process. **Those that need to be present will be the dentist and one clinical staff member. If you use a Sedation Provider in your office, that individual will need to be present.**

Once you have located, organized, and prepared these documents and/or items for presentation, you are ready to schedule your inspection.

DEFINITIONS

MINIMAL SEDATION: a drug-induced state during which patients respond normally to verbal commands (also referred to as anxiolysis)

1 Learn More About How You Can Get Accredited.
Call us at 866-90-AAFD (866-902-2336) and visit our website at www.AAFDO.com.



23 Written Emergency Protocols & Mock Medical Emergency Drills

Including:

- Foreign Body Obstruction (FBO) with airway management
- Local Anesthetic Toxicity
- Benzodiazepine Overdose
- Narcotic Overdose
- Laryngospasm
- ACLS Algorithms
- Syncope
- Angina
- Myocardial infarction
- Cardiac Arrest
- Hypertension
- Hypotension
- Asthma
- Allergy/Anaphylaxis
- Hyperventilation
- Diabetes (Insulin Shock)
- Emesis/Aspiration
- Seizures
- Sudden Cardiac Arrest (SCA)
- Cerebrovascular Accident (Stroke)

AAFD Accreditation Association
FOR DENTAL OFFICES

AAFD Accreditation Association
FOR DENTAL OFFICES

Sample Mock Emergency Drill

Emergency Medicine Practice Drill: SEIZURE

1. MEDICAL EMERGENCY PLAN:

- _____ Rehearse your Medical Emergency Drill with all team members.
- _____ Ensure all members fully understand their roles.
- _____ Conduct role-playing until all team members fully understand their responsibility.

2. AED STATUS:

- _____ Check your AED and ensure proper functioning.
- _____ Ensure everyone in the office knows how to use the AED.
- _____ Rehearse use of the AED with all Team members.
- _____ Check to ensure your AED battery and pads are not expired.

1 Learn More About How You Can Get Accredited.
Call us at 866-90-AAFD (866-902-2336) and visit our website at www.AAFDO.com.



3 Patient Safety Checklists

Including:

- Pre-Procedural Time Out
- Post-Procedural Sign Out
- Teeth Extraction Checklist

The screenshot shows a digital form titled "Pre-Procedural 'Time Out' Checklist" from AAFDO. The form includes a header with a close button and instructions: "Pre-OUT* on patient when they arrive for appointment or consultation. Verify by calling out each item and confirming each item. Initial each line when completed by Staff Member". Below this is a section for "Patient name" and "Date". The main body of the form contains a list of 13 items, each with a blank line for initials: "Vital signs taken, recorded and communicated", "Medical history reviewed, updated & communicated", "Drug allergies reviewed, identified and communicated", "Latex allergies reviewed, identified and communicated", "Medications reviewed, identified and communicated", "Dental history renewed, updated and communicated (appropriate radiographs and models available)", "Will patient be warranted for Sub-bacterial prophylaxis and if so, determine correct dosage and explain time to be administered", "Will Physician consultation/clearance be warranted for restorative/surgical procedure", "Informed Consent form to be signed by patient with correct procedure identified & communicated along with alternative treatment prior to treatment", "Emergency medications and equipment readily available, in-date and visibly aware by team", "Nothing By Mouth (NPO) instructions has been provided to patient (if warranted)", and "Special needs identified & communicated if warranted for this patient". At the bottom, there is a footer section with a close button, a date field, and a page number "1". The footer also contains the text "Form PBC001 - Effective: November 3, 2018" and the website "www.AAFDO.com".



Overview of Inspection Process



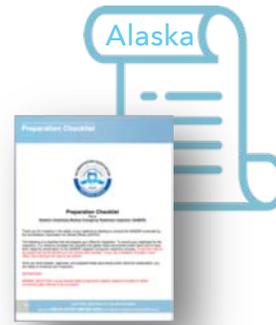
1. Dentist Purchases Inspection



2. Dentist Prepares for Inspection



3. Dentist Schedules Inspection



4. AAFDO Prepares for Inspection



5. AAFDO Conducts & Records Inspection via Zoom

Every 3 years



9. CEU Awarded For Completed Drills



9. Dental Office Practices Mock Drills



8. AAFDO Updates Alaska BDE Records & Transfers AEOF



7. Dentist Issued Certificate



6. Questionable Results Verified by Expert Review



FAQs

- Should inspections be mandatory?
 - Yes
- Can you incorporate our present inspection form?
 - Yes. The AAFDO inspection criteria are more comprehensive and will build on your present inspection
- When is another inspection required?
 - By the last day of the month 36 months from the month that an inspection certificate is awarded (every 3 years)
- How are dental anesthesiologists inspected?
 - They must be present during the inspection in at least one dental office for which he/she provides services. All sites where care is provided must be inspected.
- How do other states provide inspections?
 - 47 SDBs require some type of site inspection. Office/site inspectors are frequently private contractors or subcontractors. Items inspected vary widely. Most states only inspect upon patient complaint. Required inspections for sedation / anesthesia permit holders in Texas & Tennessee are in work. 4 SDBs have portable or mobile anesthesia regulations and specific permits for providers who perform anesthesia services in other practitioners' offices



Partnership Benefits



BDE gets:

- Improved patient safety
- Unbiased 3rd party inspections
- Recurring non-dues revenue
- More time & resources for patient complaints

Alaskan Dentists get:

- Reduced exposure to risk
- Potential revenue (fees)
- Potential reduction in insurance premiums

We all win: dentists, patients, Alaska BDE, and AAFDO



Together - let's improve the safety of sedation/anesthesia practices in the U.S. and help dentists provide the best and safest dental care possible



+



=

**Safer
Patients**



What questions do you have?

SAMPLE MOCK EMERGENCY DRILL GUIDE



SAMPLE MOCK EMERGENCY DRILL GUIDE

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SAMPLE MOCK EMERGENCY DRILL GUIDE

NOTICE OF DISCLAIMER

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The AAFDO is NOT responsible (as a matter of product liability, negligence or otherwise) for any injury resulting from any of the contents of this document.

The AAFDO **Sample Mock Emergency Drill Guide** contains information relating to general principles of medical care that should not be construed as specific instructions for individual dentists, dental offices, or patients.

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The algorithm contained in this document should be considered a useful companion to serve as a guide for the structured review of best practices. Dental healthcare professionals accessing this document agree to assume full responsibility for the use of this information and hold harmless any third party, including, but not limited to the AAFDO, it's owners, employees, and Board members for any claim, loss, injury or damage arising from the use or dissemination of information within this document.

By agreeing to use the **Sample Mock Emergency Drill Guide**, you understand, acknowledge, and agree that you are assuming the entire risk as to the quality, accuracy, adequacy, completeness, correctness, authenticity, security, and validity of any and all content within this program, including, without limitation, all information and materials made available.

By agreeing to use this algorithm, you agree to waive any and all of your rights to bring any type of litigation to AAFDO, it's owners, employees, independent contractors and Board members. Dental healthcare practitioners are advised to continually seek confirmation of this material with other reputable sources and are advised to stay current with information as it becomes available

SAMPLE MOCK EMERGENCY DRILL GUIDE

HOW TO USE THIS DRILL GUIDE

1. Complete the **Medical Emergency Plan & Staff Assignments Checklist** on page 8.
2. Conduct a **Mock Emergency Drill** on a regular basis. AAFDO has provided one Mock Emergency Drill (for a patient Seizure); there are 22 other Mock Emergency Drills available from AAFDO.
3. Obtain a 1-inch, three-ring binder to use as your **Medical Emergency Drill Training Log**. After each practice session, place your completed **Pre-Training** and **Post-Training Checklists** in your **Training Log**. This log will be your official record to document that your dental practice has completed the recommended medical emergency training drills.
4. For **each** emergency drill session, do the following:
 - a. Print a copy of the **Pre-Training Checklist**. (Pages 6 and 7.)
 - b. Print a copy of the **Post-Training Checklist**. (Page 9.)
 - c. Print a copy of the **Emergency Drug Expiration Checklist**. (Page 10.)
 - d. Print a copy of the **Quick Reference Checklist** for the Seizure Disorder treatment algorithm (Page 11.)
 - e. Complete and sign the **Pre-Training Checklist**.
 - f. Complete and sign the **Emergency Drug Expiration Checklist** to verify all drugs are in-date and not expired.
 - g. Together with your team, verbally review the **Quick Reference Checklist** for the Seizure emergency.
 - h. Assign a team member to simulate the role of the patient.
 - i. Assign a team member to act in the role of the emergency drill Coordinator. This person will, when the drill begins, call out a few of the Signs and Symptoms (located on the **Quick Reference Checklist**, if available – not all algorithms contain Signs and Symptoms) being experienced by the simulated patient acting as if he/she were experiencing a seizure. For example, as the team conducts the Mock Emergency Drill for **Seizure**, the Coordinator might call out, “The patient is experiencing a seizure.”

SAMPLE MOCK EMERGENCY DRILL GUIDE

- j. The call out of the Signs and Symptoms will serve as the “triggering event” to initiate the checklist items.
- k. Assign a team member to “run” the **Quick Reference Checklist**. If you have insufficient number of team members, one person can serve as both the Drill Coordinator and run the **Quick Reference Checklist**.
- l. Announce the commencement of the drill and begin the simulation by having the drill Coordinator call out the signs and/or symptoms (if available).
 - i. The dentist should then verbally call for the **Seizure Disorder Medical Emergency Treatment Algorithm Quick Reference Checklist**. (Example, “Let’s run the Seizure Checklist.”)
 - ii. The team member running the checklist shall verbally call out each step in the checklist.
 - iii. **Simulate, as completely as is possible, each step in the checklist.** Perfect practice makes perfect. For example, if the checklist requires a call to 911, the person responsible for the call should verbally simulate making the call by saying what he/she would actually say during a real call to 911. If the checklist calls for the administration of a drug, that drug should be located in the drug kit, and brought to the location of the simulation. All appropriate crosschecks (e.g. labels, names, amounts, etc.) should be accomplished. If the checklist calls for the opening of an airway, the equipment required for this should be located and brought to the location of the drill.
 - iv. All actions that cannot be simulated should be mentally visualized and verbalized to the team. **Your performance in an actual emergency will never exceed the level of performance in your emergency drills.** Mistakes made in drills will be made in an actual emergency.
- m. When the drill is complete, conduct a debriefing of the performance observed. Emphasize what must be done differently next time to improve performance.
- n. Complete and sign the **Post-Training Checklist**.
- o. Insert in your **Training Log** the completed and signed copies of the **Pre-Training Checklist, Post-Training Checklist**, and the **Emergency Drug Expiration Checklist** for the drill(s) you have just completed.

SAMPLE MOCK EMERGENCY DRILL GUIDE

PRE-TRAINING CHECKLIST

- License Check Conducted**
 - Expiration status of CPR/BLS/AED training checked
 - Expiration status of ACLS and/or PALS training checked
 - Re-certification training schedule reviewed

- Emergency Drug Kit Status Checked**
 - Emergency Drug Kit checked to ensure no drugs are expired or missing
 - All team members have demonstrated knowledge of the location of the kit
 - The purposes and actions of each drug in the Emergency Drug Kit needed for the drills practiced today have been verbally reviewed with each team member

- Airway Emergency Equipment (if present) Checked & Reviewed**
 - Endotracheal tubes available and operable
 - LMAs available and operable
 - Laryngoscope available and operable
 - Ambu-bag available and operable
 - Stethoscope available and operable

- AED Operability Checked**
 - AED checked - Powers “on” and “voice” and/or alarm functions operable
 - Each member of the office staff has demonstrated competence in the use of the AED
 - Expiration date of AED battery and all pads checked and current

- Vital Sign Monitor Equipment Checked for full charge**

- Epinephrine Auto Injector Practice Conducted & Competency Checked (if applicable)**

SAMPLE MOCK EMERGENCY DRILL GUIDE

PRE-TRAINING CHECKLIST (continued)

- Medical Emergency Plan & Staff Assignments Reviewed** to ensure that all team members know their roles and are competent to fulfill them

- EMS / 911 Rehearsal Conducted**
 - Route that EMS would need to transport a patient through the office has been verbally reviewed with the office staff
 - All team members have demonstrated familiarity with this route
 - 911 calling instructions for the mock drill being practiced have been verbally reviewed
 - The team member responsible for calling 911 has demonstrated competency in communicating the proper information to the 911 operator
 - The office policy designating who has the final decision-making authority to initiate a 911 call has been verbally reviewed and acknowledged by all team members

- Oxygen Tank Status Checked**
 - Portable Oxygen tanks have been checked to ensure they are full
 - Each team member has demonstrated the ability to turn portable oxygen on & off
 - Each team member has demonstrated the correct placement of nasal cannula

I certify this checklist has been completed:

Date

Name

Signature

SAMPLE MOCK EMERGENCY DRILL GUIDE

MEDICAL EMERGENCY PLAN & STAFF ASSIGNMENTS CHECKLIST

Assignment	Name	Role
Call 911		Activate EMS and prepare for their arrival
AIRWAY MGT		Prepare to use proper airway device
AIRWAY ASSISTANT		Obtain airway emergency kit; know location of all airway equipment, suction equipment; assist doctor
BASIC LIFE SUPPORT		Initiate BLS Protocol
COMPRESSION		Initiate Chest Compressions if needed
COMMUNICATION		Speak with Family; Wait on EMT/911 to arrive
DEFIBRILLATOR		Obtain AED, apply pads and power ON; listen for instructions to shock
DOCUMENT		Record all events; Record vital signs; Record administration of emergency drugs
DRUGS		Obtain Emergency Drug Kit; Prepare for administration of emergency drugs; Assist doctor
EQUIPMENT		Obtain Oxygen & additional emergency equipment

SAMPLE MOCK EMERGENCY DRILL GUIDE

POST-TRAINING CHECKLIST

- All personnel have demonstrated competency in recognizing the signs & symptoms associated with the Seizure Disorder Medical Emergency Treatment Algorithm
- Appropriate personnel have demonstrated competency in knowing how & when to call 911
- Appropriate personnel have demonstrated competency in locating portable oxygen (if required)
- All personnel have demonstrated competency in basic life support
- Appropriate personnel have demonstrated competency in taking & recording vital signs (if required)
- All personnel have demonstrated competency in using the Seizure Disorder treatment algorithm contained on the Quick Reference Checklist
- All appropriate medications for Seizure Disorder emergency have been checked and are ready and in-date (if applicable)
- Appropriate personnel have demonstrated competency in properly documenting the Seizure Disorder emergency
- The team performance in the mock drill for Seizure Disorder has been debriefed and any deficiencies noted have been corrected

I certify this checklist has been completed:

Date

Name

Signature

SAMPLE MOCK EMERGENCY DRILL GUIDE

EMERGENCY DRUG EXPIRATION CHECKLIST

Verify all drugs are in-date and not expired.

	DRUG EXPIRATION DATE
<input type="checkbox"/> ALBUTEROL	_____
<input type="checkbox"/> AMMONIA INHALANTS	_____
<input type="checkbox"/> ANTICONVULSANTS	_____
<input type="checkbox"/> ASPIRIN	_____
<input type="checkbox"/> CORTICOSTEROID	_____
<input type="checkbox"/> DIPHENHYDRAMINE	_____
<input type="checkbox"/> EPINEPHRINE AMPULE	_____
<input type="checkbox"/> EpiPen	_____
<input type="checkbox"/> EpiPen Jr	_____
<input type="checkbox"/> FLUMAZENIL	_____
<input type="checkbox"/> GLUCOSE	_____
<input type="checkbox"/> NALOXONE	_____
<input type="checkbox"/> NITROGLYCERIN	_____
<input type="checkbox"/> OXYGEN	_____

I certify this checklist has been completed:

Date

Printed Name

Signature

SAMPLE MOCK EMERGENCY DRILL GUIDE



SEIZURE DISORDER

REMAIN CALM

CHECKLIST: BRIEF EPISODIC SEIZURE

START HERE - STEP 1

- Terminate all treatment or activity
- Place in reclined position; legs above heart
- Protect person from any injury

YES

Is person conscious?

NO

- Suction oral cavity if necessary
- Monitor vital signs
- Administer oxygen (if trained)
- Contact person's physician regarding treatment and discharge status

- CALL 911 EMS**
- Suction oral cavity (mouth)
- Assess ABCs (Airway, Breathing, Circulation)
- Initiate your **Medical Emergency Plan**
- Monitor vital signs
- Initiate **Basic Life Support** as indicated
- Prepare to transport to Emergency Dept.

CHECKLIST: RECURRENT OR PROLONGED SEIZURE

START HERE - STEP 1

REMAIN CALM

- CALL 911 EMS**
- Administer Diazepam (Valium®) 5-10 mg IM or IV (titrate slowly) if trained
- OR
- Administer Midazolam (Versed®) 2-5 mg IM or IV (titrate slowly) if trained
- Initiate your **Medical Emergency Plan**
- Suction oral cavity (mouth), if necessary
- Monitor vital signs
- Assess ABCs (Airway, Breathing, Circulation)
- Initiate **Basic Life Support** as indicated
- Administer oxygen (if trained)
- Prepare to transport to Emergency Dept.

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DISCLAIMER: This chart is to be used as a **GUIDELINE** and **DOES NOT GUARANTEE** to prevent an unfavorable outcome, result or death. Practitioner may choose to deviate from the algorithms based on their clinical experience, training and factors unique to that individual.

SAMPLE MOCK EMERGENCY DRILL GUIDE

How to Order a Mock Medical Emergency Drills Guide with Treatment Algorithms for 23 Common Emergencies

If your office is not ready to handle all of the other potential medical emergencies commonly seen in a dental office, and you would like to have a copy of all of the available medical emergency treatment algorithms in an easy-to-use quick reference checklist, please visit:

<http://www.aafdo.com/mock-emergency-drills>

Medical emergencies in the dental office are High-Risk, Low-Frequency Events. These sorts of events are worrisome in every occupation and profession. Any activity that entails risk and that is accomplished very rarely will not produce sufficient muscle and cognitive memory for flawless performance.

However, responding flawlessly is, for the dental professional, a core critical task.

To assist in achieving flawless performance, experts recommend that the dental team do two things:

1. Form as much muscle and cognitive memory as possible from consistent training, and
2. Use a quick reference checklist to provide memory markers during an actual event.

Visit the AAFDO website at the link above and order your Mock Emergency Drills Guide with Quick Reference Checklists containing treatment algorithms for 23 medical emergency commonly seen in dental offices.

When seconds matter, you will be glad you did.

SAMPLE MOCK EMERGENCY DRILL GUIDE

AAFDO Mission Statement

Our mission is to ensure dentists provide, and their patients receive, the safest, highest quality patient-centered care.

Behind every AAFDO Seal of Approval™ is a dental practice committed to patient safety, high quality and patient-centered care.

In addition to our Sedation / Anesthesia Medical Emergency Readiness Inspections (SAMERI), AAFDO™ provides general dental offices an opportunity to get accredited by completing a comprehensive office survey consisting of 400 performance criteria in 13 domains of knowledge and skill. The survey is conducted by dental practice experts knowledgeable about patient safety, regulatory compliance, emergency responses, office security, controlled substances, infection control and other dentistry best practices.

Accreditation is an elective improvement process initiated by a dental practice to ensure it is the very best it can be – for both the dentist's peace of mind and patients' well-being. Practices participate in the AAFDO™ accreditation process as a means of ensuring and documenting their achievement in Patient Safety, Quality and their use of best practices.

Any office that meets the AAFDO's 400 criteria for excellence is worthy of the AAFDO Seal of Approval™. Become accredited today! Contact us at 866-90-AAFDO or email Mr. Rob McCrary at rmccrary@aafdo.com

Board Business

Regulation Changes Questionnaire

Division/Board: Board of Dental Examiners Meeting Date: 02/15/2019

Regulation change being proposed: 12 AAC

General top of the regulation: _____

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 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 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 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 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 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 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?)	

8. In addition to the 30-day minimum written notice, does the board request a public hearing? If yes, when and where.
9. What will the regulation do?
10. What is the demonstrated public need or purpose of this regulation?
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>)?
12. What <u>positive</u> consequences may this regulation have on public or private people, businesses, or organizations?
13. What <u>negative</u> consequences may this regulation have on public or private people, business, or organizations?
14. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact.
15. List any additional questions or comments that may arise from the public during the comment period. Include a response to the questions.
16. What type of notification outlining the changes will be required once the regulation is adopted? Check appropriate boxes. FAQ on website <input type="checkbox"/> Email to licensees <input type="checkbox"/> Letter to licensees <input type="checkbox"/>

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

Kevin Meyer
Lieutenant Governor
State Capitol
Juneau, Alaska 99811
907.465.3520
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Anchorage, Alaska 99501
907.269.7460
LT.GOVERNOR@ALASKA.GOV

**OFFICE OF THE LIEUTENANT GOVERNOR
ALASKA**

M E M O R A N D U M

TO: Linda Mattson
Department of Commerce, Community and Economic Development

FROM: April Simpson, Office of the Lieutenant Governor 
465.4081

DATE: February 4, 2019

RE: **CORRECTED** - Filed Permanent Regulations: Department of Commerce, Community and Economic Development

Department of Commerce, Community and Economic Development Regulation re: 12 AAC 02.190: Occ. Licensing Fees Regulated by the Board of Dental (12 AAC 02.190)

Attorney General File:	2018200914
Regulation Filed:	1/22/2019
Effective Date:	2/21/2019
Print:	229, April 2019

cc with enclosures: Linda Miller, Department of Law
Judy Herndon, LexisNexis

ORDER ADOPTING CHANGES TO
REGULATIONS OF THE DEPARTMENT OF COMMERCE,
COMMUNITY, AND ECONOMIC DEVELOPMENT

The attached one page of regulations, dealing with occupational licensing fees for Dentists and Hygienists regulated by the Board of Dental Examiners, are adopted and certified to be a correct copy of the regulation changes that the Department of Commerce, Community and Economic Development adopts under the authority of AS 08.01.065, AS 08.01.100, AS 08.32.030, AS 08.32.070, AS 08.32.071, AS 08.32.081, AS 08.36.250, and AS 08.36.254, and after compliance with the Administrative Procedure Act (AS 44.62), specifically including notice under AS 44.62.190 and 44.62.200 and opportunity for public comment under AS 44.62.210.

This action is not expected to require an increased appropriation.

Although no public comments were received, the Department of Commerce, Community, and Economic Development paid special attention to the cost to private persons of the regulatory action being taken.

The regulation changes described in this order take effect on January 1, 2019, as provided in AS 44.62.180.

DATE: 19 Nov 2018
Juneau, Alaska



Sara Chambers, Acting Director
Division of Corporations, Business and
Professional Licensing

FILING CERTIFICATION

Kevin Meyer
I, Valerie Nurr'araaluk Davidson, Lieutenant Governor for the State of Alaska, certify that on January 22, 2019 at 10:46 AM, I filed the attached regulations according to the provisions of AS 44.62.040 – 44.62.120.



Valerie Nurr'araaluk Davidson, Lieutenant Governor

Effective: February 21, 2019 - AS
January 1, 2019
Register: 229, April 2019

Kevin Meyer

FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY

I, KEVIN MEYER, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA, designate the following state employees to perform the Administrative Procedures Act filing functions of the Office of the Lieutenant Governor:

**Josh Applebee, Chief of Staff
Kady Levale, Notary Administrator
April Simpson, Regulations and Initiatives Specialist**

IN TESTIMONY WHEREOF, I have signed and affixed the Seal of the State of Alaska, in Juneau, on December 11th, 2018.



Kevin Meyer
.....

**KEVIN MEYER
LIEUTENANT GOVERNOR**

Chapter 02. General Occupational Licensing Functions.

12 AAC 02.190(a)(7) is repealed:

(7) repealed 2 / 21 / 2019 [LOCAL ANESTHETIC PERMIT RENEWAL FEE, \$100];

12 AAC 02.190(b)(1) is amended by adding a subparagraph to read:

(F) temporary permit, \$50;

12 AAC 02.190(b) is amended by adding new paragraphs to read:

(15) temporary permit fee, \$112.50;

(16) temporary permit extension fee, \$50^g.

((Publisher: Change period for paragraph (14) to a semi-colon.))

(Eff. 11/20/86, Register 100; am 10/1/88, Register 107; am 2/18/93, Register 125; am 5/28/93, Register 126; am 10/29/94, Register 132; am 11/15/96, Register 140; am 4/19/97, Register 142; am 11/24/2000, Register 156; am 6/21/2001, Register 158; am 4/10/2003, Register 166; am 12/24/2006, Register 180; am 12/27/2007, Register 184; am 12/12/2008, Register 188; am 4/17/2011, Register 198; am 12/13/2014, Register 212; am 1/15/2017, Register 221; am 4/14/2018, Register 226; am 2 / 21 / 2019, Register 229)

Authority:	AS 08.01.065	AS 08.32.070	AS 08.36.250
	AS 08.01.100	AS 08.32.071	<u>AS 08.36.254</u>
	AS 08.32.030	AS 08.32.081	

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**OFFICE OF THE LIEUTENANT GOVERNOR
ALASKA**

MEMORANDUM

TO: Linda Mattson
Department of Commerce, Community and Economic Development

FROM: April Simpson, Office of the Lieutenant Governor 
465.4081

DATE: February 4, 2019

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Sara Chambers, Acting Director
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Kevin Meyer
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Valerie Nurr'araaluk Davidson, Lieutenant Governor

Effective: February 21, 2019 - AS
January 1, 2019
Register: 229, April 2019

Kevin Meyer

FOR DELEGATION OF THE LIEUTENANT GOVERNOR'S AUTHORITY

I, KEVIN MEYER, LIEUTENANT GOVERNOR OF THE STATE OF ALASKA, designate the following state employees to perform the Administrative Procedures Act filing functions of the Office of the Lieutenant Governor:

**Josh Applebee, Chief of Staff
Kady Levale, Notary Administrator
April Simpson, Regulations and Initiatives Specialist**

IN TESTIMONY WHEREOF, I have signed and affixed the Seal of the State of Alaska, in Juneau, on December 11th, 2018.



Kevin Meyer
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**KEVIN MEYER
LIEUTENANT GOVERNOR**

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Authority:	AS 08.01.065	AS 08.32.070	AS 08.36.250
	AS 08.01.100	AS 08.32.071	<u>AS 08.36.254</u>
	AS 08.32.030	AS 08.32.081	



MEMORANDUM

TO: Members of CBPL Boards and Commissions

DATE: January 11, 2019

FROM: Sara Chambers
Acting Division Director

RE: Use of CBD oil in licensed
practice

Since the passage of Senate Bill 6 in Alaska, several boards have asked questions regarding the use of cannabidiol (CBD) oil as part of a licensee's professional practice. Neither SB6 nor the recently signed Farm Bill of 2018 addresses the use of CBD oil on patients. This is a rapidly evolving area, and boards should encourage licensees to use caution.

The Alaska Department of Natural Resources, Division of Agriculture has stated it will issue regulations that will create an industrial hemp pilot program in Alaska that is intended in part to verify that all product marketed as CBD oil in Alaska does not exceed the permissible THC threshold of .3 percent. Until then, professional licensing boards should consider how the use of untested CBD oil may impact consumers.

This division and the Alaska Department of Law recommend that boards and licensees review the following sources:

- Advisory from the Department of Law's Consumer Protection Unit: http://law.alaska.gov/press/consumer_alerts/2018/1118-CBDoil.html
- Division of Agriculture's frequently asked questions on industrial hemp: <http://plants.alaska.gov/industrialhempFAQs.htm>.

Both sources raise concerns that a product marketed as CBD oil from industrial hemp may actually be CBD oil from marijuana. For this reason, we recommend caution and patience.

STATE OF ALASKA 2019

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

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

 Holiday
 Payday



State calendar maintained by the
Division of Finance,
Department of Administration
<http://doa.alaska.gov/calendars.html>
Revised 08/28/2018

STATE CALENDAR

JANUARY

S	M	T	W	R	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
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27	28	29	30	31		

FEBRUARY

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MARCH

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31						

APRIL

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MAY

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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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NOVEMBER

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DECEMBER

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