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

MINUTES OF MEETING
April 20, 2018

These minutes were prepared by the staff of the Division of Corporations, Business and Professional Licensing. They have been reviewed and approved by the Board.

By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provisions of Article 6 of AS 44.62, a meeting of the Board of Dental Examiners was held April 20, 2018, in person in Anchorage, AK.

The meeting was called to order by Dr. Paul Silveira, President, at 8:32 a.m.

**Agenda Item 1 - Roll Call**

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

Dr. Paul Silveira, President – Valdez  
Dr. David Nielson – Anchorage  
Ms. Paula Ross – Anchorage  
Ms. Gail Walden – Wasilla  
Dr. Steven Scheller – Fairbanks  
Dr. Michael Moriarty – Seward  
Ms. Robin Wahto - Anchorage  
Dr. Thomas Kovaleski – Chugiak

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

Ms. Amber Treston, Licensing Examiner – Juneau  
Ms. Renee Hoffard, Records and Licensing Supervisor – Juneau  
Ms. Jasmin Bautista, Investigator – Anchorage  
Ms. Sonia Lipker, Senior Investigator - Anchorage  
Ms. Christina Bond, Investigator II – Anchorage  
Ms. Sher Zinn, Regulation Specialist – Juneau - teleconference

Members of the public in attendance:

Dr. Kenley Michaud – Anchorage
Dr. Thomas Brewer – Chugiak
Dr. James Singleton – Eagle River
Dr. Frank Thomas Mears - Anchorage

Agenda Item 2 – Review of Agenda

Dr. Silveira asked the board if they had any matters that they would like to add to the agenda. Treston asked if they could make a change to the agenda. In place of the penalty matrix would like the board be willing to review applications that have been faxed in earlier this week. No objections were made.

On a motion duly made by Scheller, seconded by Silveira, and approved unanimously, it was
RESOLVED to approve the agenda with the modification to take out the penalty matrix and replace it with application review of Moderate Sedation and Nitrous Oxide permits that have been received earlier this week.


Motion passed.

Agenda Item 3 – On Board Training

Treston asked if anyone had any questions about OnBoard since they have been using the new program this week. Scheller asked if we could extend the time frame for voting. Agreed to allow 10 days for each voting period and to change settings when opening the approval that results of the vote are only visible to administrators. Reviewed OnBoard voting. There are 5 options of voting:
1. Approved for Licensure
2. Conditionally Approve REQUIRED: Conditions under which the application shall be deemed approved:
3. Request Recusal - I request the chair recuse me from voting because of the following potential conflict of interest:
4. Deny - REQUIRED: Statutory or regulatory citation and reason for denial:
5. Table - REQUIRED: Reason to table this vote until the next regular meeting:
If the board member votes for options: 2-5 they need to email the examiner with an explanation for their vote.

Agenda Item 4 – Review/Approve Minutes

Dr. Kovaleski wants to make a change to the minutes for February 16, 2018 that he left the meeting at 1:30 p.m. and it shows him voting after he left the meeting. Dr. Nielson and Dr. Silveira had other changes they wanted to make as well.
Dr. Silveira reminded the board that if three or more board members are together they are not allowed to discuss board business when off the record. Dr. Nielson wanted to clarify that if two board members are together they are allowed to discuss board business as long as a third board member does not join the discussion.

On a motion duly made by Silveira, seconded by Ross, and approved the minutes as amended unanimously, it was

RESOLVED to approve the minutes as amended of the February 16, 2018 teleconference with the edits requested by Dr. Kovaleski, Dr. Nielson and Dr. Silveira.


8 yeas, 0 nays.

Motion passed.

Agenda Item 5 – Ethics Report

Dr. Silveira reminded the board to refrain from discussing board business when off the record. No conflicts were brought up.

Ahead of schedule by 30 minutes. Elected to review the applications for Moderate Sedation permits and Nitrous Oxide permits. Dr. Nielson stated that he would like the board to do everything they can to get these applications expedited as there is not a grace period as the board had intended. He feels there was an oversight in these new regulations and we did not get a grace period for processing these applications. Hoffard explained that we have had one regulation specialist for 42 programs but now the department has added an additional regulation specialist in hopes that these will not fall through the cracks. Walden suggested that when issuing the Moderate Sedate permits for pediatric dentists recommends writing a public note that states, “This license is designated for pediatric patients under the age of 13.” Dr. Nielson has a few changes he would like to see on the new application forms. He will review these and send them to Treston with his suggested changes.

Agenda Item 6 – Investigative Report

Bautista introduced the new Senior Investigator, Sonia Lipker to the board. Bautista gave the investigative report, for the period between February 16, 2018 and April 19, 2018 informing the board of the number of cases opened (6), number of cases closed (6), and total number of cases that remain open at this time (24). She explained that the rest of the cases are in the report.

Dr. Nielson states that some of the cases are as simple as checking out an application. Bautista explains that the third column shows what the investigative report
is or what the violation is for. They have closed the application issues. The remaining cases are related to standard of care, professional conduct and other items.

On a motion duly made by Walden, seconded by Ross, and approved by roll call vote, it was

RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(2)(3) for the purpose of discussing investigative matters with board staff to remain.

8 yeas, 0 nays.

Motion passed.

Off the record at 9:33 a.m.
On the record at 10:15 a.m.

On a motion made by Dr. Nielson, seconded by Walden, and approved by roll call vote, it was

RESOLVED to approve Dr. George Murphy’s request to reduce his probationary period move from 5 years to 4 year.

0 yeas, 8 nays.

Motion fails.

On a motion duly made by Walden, seconded by Dr. Nielson, and approved by roll call vote, it was

RESOLVED to accept the Voluntary Surrender of Dental Hygiene License in the matter of Marjorie C. Wagner, Dental Hygienist License No. DENH782, case No. 2018-000121, effective immediately.

8 yeas, 0 nays.

Motion passed.

Bond reviewed the investigative report. Probation monitor for the Dental Board of Examiners has 4 licensees on probation at the moment.
Agenda Item 7 - Break

Executive session went into this time period.

Agenda Item 8 – Public Comment

Thomas Brewer – Pediatric dentist with Southcentral Foundation. The comments he has are relating to the new pediatric sedation permits. He feels the regulations were implemented with great speed and caught a lot of practitioners flat footed. He would appreciate it if the board could accelerate the sedation permits. Also commented that Ketamine is currently listed as one of four medications that are not to be used in Moderate Sedation. He would like to see if the regulations can change the wording on this to allow Ketamine to be considered a relatively safe medication to use. The FDA has encouraged them to move away from the use of Chloral hydrate. Which is still available and practitioners can use if they choose to do so. The choice of having a dissociative such as Ketamine that can stop a child from moving as much is a safer choice. He states that Ketamine is relatively safe and thinks it should be listed as a moderate sedation medication due to its large margin of safety. Regulations now call for blood pressure to be optional depending on behavior. AAPD recommends having BP and ECG as optional. He suggests that ECG be an optional monitoring device as it could cause the child to move more having cold adhesives placed on their chest and therefore making the physician administer a greater level of sedation to the child.

James Singleton – Pediatric dentist that works at the Alaska Native Medical Center. Board certified in his specialty and he works in a CODA accredited pediatric residency program. He applauds the safety the board is trying to abide by. He wants the same thing for the pediatric patients. AAPD guidelines for moderate sedation states they are reluctant to name drugs or regimens with the exception of one medication, Ketamine which is suggested as a possible adjunct for medication for pediatric patients in moderate sedation. It lists clearly the goals of using sedatives for pediatric patients. One of those goals is to control unexpected movement that can cause an unsafe environment. The younger the patient the more likely those kind of movements are possible. Ketamine allows the control of some of those movements while at the same time while not needing to increase the dose of the sedative. Variation of guidelines with use of monitors where the patient’s response does not allow accurate or valuable information from those monitors. Some of the patients will respond to the squeeze of a blood pressure cuff and the placement of EKG monitors can render the patient disruptive where we could not provide safe treatment. His residents have extensive experience with the use of Ketamine. Current regulations mean once they graduate then they would not be able to utilize this skill that took 2 years for them to develop. We would encourage the board to consider that so that their graduates can continue to use medications that they have been trained to use in a safe manner.

Frank Mears – States that he has two questions for the board:
1.) First question is in reference to ADA Code of Ethics 4.C. JUSTIFIABLE CRITICISM – Dentists shall be obliged to report to the appropriate reviewing agency as determined
by the local component or constituent society instances of gross or continual faulty
treatment by other dentists. Patients should be informed of their present oral health
status without disparaging comment about prior services. Dentists issuing a public
statement with respect to the profession shall have a reasonable basis to believe that
the comments made are true. This has come up after talking with dentists who have
seen gross or continual faulty treatment by others. When he hears about these
complaints he references Code 4.C. as far as he is aware the constituents component
society does not have any mechanism so they need to report this to the board. If a
dentist makes a complaint against another dentist under 4.C will the department of
Commerce or investigations or will the board accept that complaint and act on it.
Bautista responded that they can act on it. Mears responds that in the past the
investigator has requested the patient sign a release of record to review the case.
Bautista states that if it is a standard of care case they need a release of record signed
by the patient to fully investigate that case. The investigators are not able to look into
the case without the patient's complaint or signature for release of records.
2.) Why do they require a dentist to come forward with the complaint if they will not act
upon it without the records of a patient? The board answered that the ADA Code of
Ethics are a guideline not necessarily a requirement in the regulations. The patient has
to give the approval to have the records released and if a patient does not want to have
their records released then the investigators cannot investigate without that paperwork.
Hoffard states that it is not that the board won't act on it but the board can't act on it
because they have to give due process and have evidence to act upon it. It would be an
ethical obligation. Silveira would like to put this on the agenda for the next meeting.

Agenda item 9 – Regulation Project

Off the record at 10:43 a.m.
Back on the record at 10:50 a.m.

Discussion over Ketamine wording in the new regulations was started by Dr.
Kovaleski. Dr. Nielson and Walden state that it was taken out and then added on again.
Agreed that the board went back and forth on the wording with Ketamine at a past
meeting. These agents include but are not limited to: Ketamine, propofol, brevital and
sodium pentothal as agents that could create a narrow margin of safety. There are
plenty of medications that tend to carry a narrow therapeutic index for maintaining
conscious sedation versus deep sedation. These medications listed in the regulations
were to be examples but not an all-inclusive list. Walden clarified that hospitals are not
affected by the regulations. If you are in a hospital setting then there are more
emergency support versus in a private practice using Ketamine. Dr. Brewer joined the
conversation and states the classification is important for determining the primary use of
the medication. Ketamine has a variety of other useful applications. Antihistamine for a
patient with asthma. Advocated as an antidepressant for use at home. These other
classifications are not the primary use but when they look at the medication they see it
as a general anesthetic. However, it is dependent on the dosage that is administered.
The dose is critical in the effects of the medication. The negative events we have seen
with children going to the emergency room is a direct result of someone who is using
medication unskilled or without experience thinking the best way to get the kind of
treatment environment is to increase the dose of the sedation medication. If the child is
not sedated then I will give a larger dose to reach the desired level of consciousness
which creates an unsafe environment. By using a medication that is classified as a
sedative they are using it inappropriately. Taking away a valuable tool that people can
use safely if used in a safe dosage. Michaud states that Ketamine is a medication that
has a higher tendency to cause deep sedation. Is it a safer deep sedation than the use
of Chloral Hydrate? Yes, but it still produces deep sedation. Dr. Michaud states it is a
great medication but it does have a tendency to dive into a deeper sedation.
A 3 day course would not provide enough training or a doctor to provide moderate
sedation. The way the regulations seem to be written is that the doctor needs to provide
proof of administration of moderate sedation to a minimum of 20 individually patients of
clinically compromised airways. It is not clear if there are any courses that would
provide 20 sedation cases. Not sure how they would gain this experience in a
continuing education course without completing a residency program. Seems to be a
critical part of the requirements. Nielson asks if it is possible if a doctor has a parenteral
sedation permit and they have 60 hours of ADA refresher courses would they safely be
admitted into this pediatric portion having PALS. Sedation techniques should be
evaluated. Dr. Brewer questions that the only way to get a moderate sedation permit for
12 and under initially would be to complete IV sedation course and then add the
pediatric portion down the road. Otherwise, they need to complete a residency program.
You need to complete an online course then go to Kentucky, or another state that offers
this, where you can give sedation medications to 20 adult patients to achieve the adult
moderate sedation permit then complete PALS to get the younger than 13 permit. The
board does not think this is a safe route to gain the necessary training. Currently there
are no courses available to address this situation. Perhaps there will be a university
down the road that will provide 60 hour didactic course and individually managed
patients for pediatric patients would that qualify the applicant for the moderate sedation
permit. Dr. Brewer states the issue there is that the residents he sees are in a program
for 2 years. Not a two day course. It is hard to be responsible for a member to say they
can safely administer IV sedation if they were only there for a few days. He would not
want to put a stamp of approval on a student’s paperwork after only 2 days. Completing
20 sedation cases a doctor would have an unlikely chance of having witnessed a
laryngospasm or bronchospasm. They would have a greater chance of seeing
laryngospasm and other airway complications if they were being training in a hospital
where the anesthesiologist is administering a higher level of sedation. A pediatric dental
resident also does a 1 month rotation strictly focusing on anesthesia and seeing events
such as laryngospasm and learning airway management first hand. You might be able
go to a course and learn about medications and how to treat airway management but
you will not get the hands on experience. A lot of times after a residency program they
have learned more and seen more complications and in turn they want to do less. What
about the children in remote locations who do not have the option of seeing another
specialist? If they cannot fly to Anchorage to receive the treatment necessary, then what
do they do? Scheller brings up the question about monitoring patients. The board
discussed the use of monitors and how to record them. Determined that they will keep
the wording as is and if a patient had movement during the procedure that made it
impossible to accurately record the vital signs then the physician needs to document that in their chart notes.

Back to the regulations for moderate sedation permits no current courses available that will safely get a dentist up to standards of a pediatric dentist, oral surgeon or anesthesiologist.

Discussing 12 AAC 28.360 Registry. Treston explained that we do not currently maintain a registry of all board approved courses of instruction and dental hygienists certified to administer local anesthetic agents. Recommended we remove this from the regulations as we would not be to have a list as there are too many programs. Can start a spreadsheet of all that are approved and move forward from there if the board wants to but do not have a current list. Walden and Silveira agree that this can be removed from the regulations. Walden suggests starting a list of all the regulation projects.

Sec. 01.10.055. Residency. And 12 AAC 28.955 Courtesy License. Nielson references sec. 08.01.062 which mentions in statute that the applicant has to be a nonresident. Need to add the wording in the dental regulation to determine what a nonresident is. If they are renting a home in Alaska then they could say they are a nonresident. The board asks if there is someone who can give suggestions on the wording. Zinn suggests wording to be something in effect of ‘under this section residency a nonresident is a person coming into this state that does not hold an Alaskan dental license to receive a courtesy license’ will add this to the list of regulation projects.

Nielson asks Zinn where the regulations that went out for public comment are. If the board is changing some of the wording to the regulations that the regulation specialist has on their desk will that slow down the process for approval. Questions about the wording with WREB in the regulations. Would like to add a section to the regulation.

Off the record at 12:02 p.m.

Agenda Item 10 - Lunch

Agenda Item 11 – Credential Interviews

On the record at 1:03 p.m.

Roll Call

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

Dr. Paul Silveira, President – Valdez
Dr. David Nielson – Anchorage
Ms. Paula Ross – Anchorage
Ms. Gail Walden – Wasilla
Dr. Steven Scheller – Fairbanks
In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Amber Treston, Licensing Examiner – Juneau
Ms. Renee Hoffard, Records and Licensing Supervisor – Juneau

Silveira asked if anyone had anything they wanted to discuss about any of the applicants prior to calling to interview them. Several had some items they wished to discuss.

On a motion duly made by Ross, seconded by Silveira, and approved by roll call vote, it was

RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(3) for the purpose of matters which by law, municipal charter, or ordinance are required to be confidential. Board staff to remain during this session

8 yeas, 0 nays.

Motion passed.

Off the record at 1:05 p.m.
On the record at 1:10 p.m.

The board welcomed Dr. Lindsey Douglas to the meeting and explained the interview process. Dr. Douglas appeared telephonically. The Board asked the standard interview questions.

On a motion made by Dr. Kovaleski, seconded by Dr. Scheller, and approved by roll call vote, it was

RESOLVED to approve Dr. Lindsey Douglas’s application for a Dental License by Credentials.

8 yeas, 0 nays.
Motion passed.

On a motion made by Dr. Kovaleski, seconded by Dr. Scheller, and approved by roll call vote, it was

RESOLVED to approve Dr. Lindsey Douglas’s application for his Deep Sedation or General Anesthesia permit.

8 yeas, 0 nays.

Motion passed.

The board welcomed Dr. Ricardo Solis to the meeting and explained the interview process. Dr. Solis appeared telephonically. The Board asked the standard interview questions. Additional questions were asked by the board and answered by Dr. Solis in detail.

On a motion made by Dr. Nielson, seconded by Dr. Moriarty, and approved by roll call vote, it was

RESOLVED to approve Dr. Ricardo Solis’s application for a Dental License by Credentials.

8 yeas, 0 nays.

Motion passed.

The board welcomed Dr. Timothy Isaacson to the meeting and explained the interview process. Dr. Isaacson appeared telephonically. The Board asked the standard interview questions. Additional questions were also asked by the board and answered in full by Dr. Isaacson.

On a motion made by Dr. Nielson, seconded by Dr. Scheller, and approved by roll call vote, it was

RESOLVED to approve Dr. Timothy Isaacson’s application for a Dental License by Credentials.

8 yeas, 0 nays.
The board welcomed Dr. Andrew Johnson to the meeting and explained the interview process. Dr. Johnson appeared telephonically. The Board asked the standard interview questions.

On a motion made by Dr. Kovaleski, seconded by Ross, and approved by roll call vote, it was

RESOLVED to approve Dr. Johnson’s application for a Dental License by Credentials.

8 yeas, 0 nays.

Motion passed.

The board discussed Dr. Young Lee’s dental application and determined they would not be interviewing him today as they did not require further information from him.

Dr. Kovaleski moved to approve Dr. Young Lee’s application for a Dental License by Credentials, which was seconded by Nielson. The motion was denied by roll call vote:


0 yeas, 8 nays

Grounds for denial:
Sec 08.36.110(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 upon 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 upon 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 Band or the American Association of Dental Boards Clearinghouse for Board Actions that relates to criminal or fraudulent activity, or dental malpractice.

**Agenda Item 12 Budget/Division Update**

No changes have been made. Walden brings up the point that at the February 16, 2018 meeting the board did not go over the budget update because there had been an issue with the system and time sheets were entered incorrectly. Treston will email the board with the budget update when she receives it.

**Agenda Item 13 – Annual Report**

Hoffard reminds the board that the annual report will consist of the fiscal year 2019 that is from July 2018-July 2019 will need to go over the goals and objectives for 2019, plan any travel they want to arrange and someone from the board will need to do the narrative statement. Walden and Paula elect to help with the JP exam questions as they worked on the Annual report last year. Dr. Silveira and Dr. Scheller agree to work on the Annual Report for FY2019. Treston will send a template to those board members.

**Agenda Item 14 – JP exam questions**

Walden suggests all the board members send Treston a new question for the JP exam and then email those to Walden and Kovaleski to review them. Then the board can have the final decision for the questions.

Dr. Kovaleski brought up the discussion of Coronal Polishing certificates and that they need to be renewed every 2 years. Confirmed that you can look up a Coronal Polishing certificate online to check if it is current or lapsed.

Walden brought up a previous email from a hygienist back in November 2017 that had several questions and the board did not respond to her questions. Would like to review those questions now. Discussion on Coronal Polishing certificates with regards to polishing and how to bill this. Multiple questions were discussed and answers reviewed. Walden volunteers to type the questions out and answer these to be sent to the board members for approval or changes.

Another question was brought up by Dr. Michaud: Can dental assistants place IV lines and administer IV medications? The board states that only a physician can start IV lines and push IV medications. If an assistant is a certified phlebotomist they are able to start the IV but not administer the medications. Only the physician can draw up the medications and administer the medication to the patient.

**Agenda Item 15 – Application by Examination or Credentials**
Board discussed how an applicant is to apply. Dr. Kovaleski states that if an applicant is a specialist then they can apply by Examination even if they have held a license for longer than 5 years. The board agrees that the information is clear in the regulations. Will allow specialist to apply by Examination.

**Agenda Item 16 – Old/New Business**

Nielson brought up the regulations that are currently with the Regulation Specialist. Suggested adding a section to 12 AAC 28.940 (b)(8). Discussion about the new wording for the proposed regulations as held.

Off the Record: 2:41 p.m.
On the Record: 2:50 p.m.

On a motion made by Dr. Nielson, seconded by Dr. Scheller, and approved by roll call vote, it was

RESOLVED to adopt changes of proposed changes made to amend 12 AAC 28.940 (8) as written on OnBoard with the understanding that Jun will show the board the regulations prior to going out for public comment to read as:

(A) of examination from the Western Regional Examining Board (WREB) showing that the applicant has passed the clinical examination conducted by WREB prior to February 1, 2019 and within the five years immediately preceding the date of application; or

(B) of examination from the Western Regional Examining Board (WREB) or equivalent showing that the applicant has passed the clinical examination conducted by WREB or equivalent within the five years immediately preceding the date of application; the examinations must include the following subject areas and their 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;
(v) prosthetics testing;
(vi) patient based operative examination that includes one posterior alloy and one composite procedure, either anterior or posterior; 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

8 yeas, 0 nays.

Motion passed.

Nielson clarified that when applicants call and ask what portions of the WREB to take the board recommends that they take all portions that are available. After February 1, 2019 the applicants do not need to take the WREB as long as they took a similar test that covers all the components mentioned above.

The board went over the Nitrous Oxide applications that were faxed in. Will need to get course verification prior to being able to issue the license. All applicants were approved pending course verification: Melissa Castle, Shanan Giegerich, Brandy Avril, Samantha Ammann, Jessica Ross, Lisa Bryant, Carri Shamburger, Stephen Spencer, Ariane Krumm, Michele Summers, Taffy Uscola, Shellea Trammell, Megan Ferguson, Darcy Hiett, Sheri Koziczkowski and Sharon King.

The board agrees that they will do everything they can to expedite the applications that are coming in for the Moderate Sedation and Nitrous Oxide permits. The board understands that the regulations did not get a grace period as intended and will do their best to process these in a timely fashion.

Silveira brings up the topic that was brought up at public comment by Dr. Mears. When substandard things are brought to the attention of a dentist why can’t the dentist submit this to the investigators attention. The dental board discussed the option to ask a physician to undergo a mental evaluation based upon a complaint. The board also discussed review boards that may be available for evaluating the work of a dentist. After going to the investigator the review board could evaluate the past 10 crowns placed by a dentist to evaluate their competency. This would be an option to evaluate the work of a dentist without having the initial patient release their records. The best option, however, would be to have the initial patient agree to sign a release of records to have this dentist evaluated by the investigators. However, based on the code of ethics that Dr. Mears brought up it says that they are ethically obligated to report any negligence they have seen from another dentist. However, the investigator stated they need a release of record if the dentist is going to make a complaint on another dentist on the behalf of a mutual patient.

**Agenda Item 17 – Break**

Time limited and elected to skip this and work through.

**Agenda Item 18 Carly Thomas – Requesting CE**

After review the board determines that the continuing education she submitted is not clear. She needs to clarify the dental specific CE she took and clarify the amount of
time she took for each course. Some of the hours appear to overlap within minutes of each other. Treston will email her for clarification of her CE.

**Agenda Item 19 – John Leach – GA permit prior to graduation**

The issue with the board is that he has not graduated his anesthesia program at this time. However, at the time of his application he was in compliance with the current regulations.

On a motion made by Dr. Kovaleski, seconded by Ross, and approved by roll call vote, it was

RESOLVED to approve Dr. John Leach’s application for a Deep Sedation and General Anesthesia Permit.

8 yeas, 0 nays.

Motion passed.

Wahto brought up what to do for CE audits when they are short on their CE hours. The board agrees for Consent Agreements. However, when the applicant renews their license the application states all the CE requirements and the applicant can enter one of the following on their renewal application.

On a motion made by Walden, seconded by Dr. Silveira, and approved by roll call vote, it was

RESOLVED to direct the paralegal to draft a consent agreement for the continuing education on the case that Marilyn provided on 4/20/18.

8 yeas, 0 nays.

Motion passed.

Dr. Scheller brings up the Penalty Matrix and what all needs to be added to it. Hoffard states that in the past boards will use a similar penalty matrix from another board to use for their board. Consent Agreement versus a letter of advisement are the two options for penalties. Once a penalty matrix is drafted then that will be what is used for all penalties moving forward. Hoffard will help get a penalty matrix drafted for the dental board. Nielson agrees to work on the penalty matrix.

**Agenda Item 20 – Travel Action Summary**
Did not discuss this. Treston will write this up.

**Agenda Item 21 – Office Business**

Dental Board Meetings for 2018: August 24, 2018 in Anchorage and December 7, 2018 in Anchorage.

**Agenda Item 22 - Adjourn**

On a motion made by Dr. Kovaleski, seconded by Dr. Silveira, and approved by roll call vote, it was

RESOLVED to adjourn the meeting.


8 yeas, 0 nays.

Motion passed.

Off the record at 3:48 p.m.

Respectfully Submitted:

Amber Treston
Occupational Licensing Examiner

Approved:

Paul Silveira, DMD, President

Date: 9/12/18
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<th>MAILING ADDRESS</th>
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<tr>
<td>Kevin Michael</td>
<td>265 E. Daisy Blvd #2000</td>
<td>NLDIA</td>
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<tr>
<td>Thomas Brewer</td>
<td>24327 Thunderbird Dr. Angier</td>
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<td>James Singleton</td>
<td>22423 Columbia Shores</td>
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