

Call to Order / Roll Call

State of Alaska

2022 HOLIDAY CALENDAR

State Holidays

Date	Holiday
01/01/2022	New Year's Day (observed 12/31/2021)
01/17/2022	MLK Jr.'s Birthday
02/21/2022	Presidents' Day
03/28/2022	Seward's Day
05/30/2022	Memorial Day
07/04/2022	Independence Day
09/05/2022	Labor Day
10/18/2022	Alaska Day
11/11/2022	Veterans' Day
11/24/2022	Thanksgiving Day
12/25/2022	Christmas Day (observed 12/26/2022)

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

 Holiday



JANUARY

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

JULY

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31						

FEBRUARY

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27	28					

AUGUST

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MARCH

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SEPTEMBER

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APRIL

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OCTOBER

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MAY

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NOVEMBER

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JUNE

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DECEMBER

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25	26	27	28	29	30	31



STATE OF ALASKA

**DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT**

**DIVISION OF OCCUPATIONAL LICENSING
BOARD OF DENTAL EXAMINERS**

MISSION STATEMENT

To protect the health, safety, and welfare of Alaskans by ensuring that practitioners possess competency, ethical standards, and integrity necessary to offer or deliver quality services to consumers.

VISION STATEMENT

To ensure that all Alaskans receive the best possible dental care.

Dental Board Roster

David Nielson, DDS – *Board President*

Jesse Hronkin, DDS

Dominic Wenzell, DMD

Jon Woller, DDS

Greg Johnson, DDS

Brittany Dschaak, RDH

Christina Hansen, RDH

Bradley Heaston, Public Member

Ethics Report

MEMORANDUM

State of Alaska Department of Law

TO: _____ DATE: _____
FILE NO.: _____
TEL. NO.: _____
FROM: Angie White
Litigation Assistant
Department of Law
Opinions, Appeals, & Ethics Section
FAX: _____
SUBJECT: Executive Branch Ethics Act, AS
39.52 Quarterly Report


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

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

OR

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

AND

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

OR

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

CONFIDENTIAL

ETHICS SUPERVISOR DETERMINATION FORM

(Board or Commission Member)

Board or Commission: _____

Member Disclosing Potential Ethics Violation: _____

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

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

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

Signature of Designated Ethics Supervisor (Chair)

Printed Name of Designated Ethics Supervisor

Date: _____

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

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
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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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
May 13, 2022

Teleconference

Meeting ID: 898 4167 8065

Registration Link: <https://us02web.zoom.us/meeting/register/tz0lc-iugTMqHNEOlcd1rEishjK4zB5k1ft>

Remote Call in Number: 1-253-215-8782

AGENDA

<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
1. 9:00 AM	Call to Order/Roll Call <ul style="list-style-type: none">• Ethics Report• Review/Approve Agenda	Chair
2. 9:15 AM	Review/Approve Minutes	Chair
3. 9:30 AM	Investigations	Bautista
4. 10:00AM	Public Comment <ul style="list-style-type: none">• Sedation Inspections	Chair
5. 10:15 AM	Break	
6. 10:30 AM	Division Update <ul style="list-style-type: none">• FY22 3rd Quarter Report	Dumas/Chambers
7. 11:30 AM	PDMP Report <ul style="list-style-type: none">• PDMP Penalty Matrix	Sherrell
8. 12:00 PM	Lunch	
9. 1:00 PM	Regulations Update <ul style="list-style-type: none">• Companion Regulations<ul style="list-style-type: none">○ HB111○ HB295/SB173	Maiquis/Chair
10. 2:00 PM	Old Business <ul style="list-style-type: none">• COVID Guidance updated• Penalty Matrix	Chair

11. 2:30 PM

New Business

Chair

- FYI – CRDTS Report
- FYI – Certifying Board
- FYI – Southcentral Foundation GPR and CODA
- Board Statement on Teeth Gems/Whitening Services – Sec 08.36.360
- Promethean Dental System
- Sedation Permit Renewal

12. 3:30 PM

Adjourn

- Do Outs
- Next Meeting Date

DRAFT

**Review / Approve
Past Meeting
Minutes**

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
3 DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
4

5 BOARD OF DENTAL EXAMINERS AGENDA

6 March 4, 2022

7
8 Teleconference

9 Meeting ID: 810 0773 2668

10 Registration Link: <https://us02web.zoom.us/join/81007732668>
11 <https://us02web.zoom.us/join/81007732668>

12 Remote Call in Number: 1-253-215-8782
13

14 Board members present, constituting a quorum, were:

15 Dr. Greg Johnson – Meeting Chair
16 Christina Hansen, RDH
17 Dr. Dominic Wenzell
18 Brittany Dschaak, RDH
19 Dr. Jesse Hronkin– *Joined at 10:20 AM*
20 Dr. David Nielson – Board President - *Joined at 9:24 AM*
21

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

24 Terry Ryals – Records and Licensing Supervisor
25 Abby O’Brien – Occupational License Examiner
26 Warren Gordon - Occupational License Examiner
27 Jasmin Bautista – Investigator III - *Joined at 9:35 AM*
28 Laura Carrillo – Executive Administrator - *Joined at 10:30 AM*
29 Jun Maiquis – Regulations Specialist II - *Joined at 11:01 AM*
30 Sara Chambers – Division Director - *Joined at 12:59 PM*
31 Charley Larson – Occupational License Examiner - *Joined at 10:29 AM*
32 Bradley Johnson - Occupational License Examiner - *Joined at 10:34 AM*
33

34 Members of the Public in attendance:

35
36 Dr. David Logan
37 Tanner Menard – *Joined at 11:00 AM*

38 *On Record at 9:22AM*

39 **Agenda Item 1 – Roll Call – 9:22 AM**

40 Dr. Johnson began the meeting by letting the board know that he had received no ethics violations or
41 concerns to report. He then gave an update on the board roster, stating that there was no new
42 incoming board member for the quarter, that Dr. Lucas was stepping down from the board due to other
43 commitments, and that Dr. Wenzell had renewed his position on the board for another term.

44 On a motion duly made by Dr. Nielson, seconded by Ms. Hansen, and with unanimous consent, it was
45 RESOLVED that the Board accept the agenda. 9:24 AM

46 **Agenda Item 2 – Review/Approve Minutes – 9:24 AM**

47 Dr. Johnson asked Ms. O’Brien to change the wording on lines 145-146 of the December 3, 2021 minutes
48 from “overreach” to “overread” and “quality of image” to “quality of interpretation” from the discussion
49 regarding the BeamReaders program.

50 On a motion duly made by Dr. Nielson, seconded by Ms. Hansen, and with unanimous consent, it was
51 RESOLVED that the Board accept the previous minutes as amended. 9:26 AM

52 While waiting for the Investigations Report, the board moved up Dr. Wenzell’s presentation on a penalty
53 matrix from Old Business. Dr. Wenzell introduced a penalty matrix that he developed based off
54 Washington State’s existing matrix. His intent was to provide an outline to the existing board, future
55 boards, and the Investigations team when penalizing licensees for misconduct. Dr. Wenzell added that
56 he wanted to make it general enough to encompass a range of offenses and penalties, and presented a
57 tiered matrix, representing levels of potential violations in various categories. The matrix listed the
58 severity of a potential violation from low to high and provided both a sanction range for consideration
59 as well as a duration of the proposed penalty. He recommended that the board members print off hard
60 copies of the matrix, so that they have a guideline of potential actions on hand for any cases they may
61 review.

62 Dr. Wenzell stated that an area of concern where the matrix would already be applicable is licensees
63 being short on CE Credits. Dr. Nielson asked if Ms. Bautista and the Investigations team have reviewed
64 the matrix yet, and if there were already existing fines for CE violations. He added that he thought the
65 matrix was very well put together and would just wait for input from the Investigations Department to
66 adjust the matrix if needed. Ms. Bautista joined the meeting and was provided a brief explanation of
67 the penalty matrix by Dr. Johnson. He stated that the board’s intent was to create consistency with
68 fines and punishments for varying violations, act as a deterrent for future potential violations, and
69 quantify the violations that are occurring. Ms. Bautista explained that while CE cases are examined
70 through a different office, fines have been inconsistent to represent the differences between cases. Ms.
71 O’Brien stated that she would send a copy of the proposed to Ms. Bautista for review.

72 **Agenda Item 3 – Investigations – 9:39 AM**

73 Ms. Bautista presented the Investigations Report from the period of November 20, 2021 through
74 February 17, 2022. She stated that there were 55 cases open and 7 cases closed for the board. Ms.
75 Bautista added that she fulfilled the board’s request from the previous meeting to combine the number
76 of open cases per respondent. She specified that 3 respondents made up for 45 of the 55 incidents with
77 26, 13, and 6 open cases, respectively. Dr Johnson asked if going forward the board could have
78 combined cases per respondent in order to address their concerns regarding the number of bad actors.
79 Ms. Bautista agreed to provide further information in the requested format.

80 **Agenda Item 4 – Public Comment – 9:46 AM**

81 Dr. Johnson addressed the single public comment that Ms. O’Brien had submitted to the board
82 regarding changing the terminology from “school” to “program” in the board’s regulations project. He

83 added that he saw the change as a cleanup type adjustment and saw no problem with adjusting the
84 language. Ms. O'Brien added that the change will line up all of the language in the board's existing
85 regulations. Dr. Johnson then asked if the language change would parallel the specialty license
86 regulations change that is in progress, to which Ms. O'Brien replied that it would be a future adjustment.

87 Dr. Johnson then asked Dr. Logan if he had any comments. Dr. Logan gave a brief introduction to SB173,
88 regarding specialty licenses and transferring the radiological program to DHSS, which is currently moving
89 through the legislature. He stated that he had received a request from Senator Von Imhof's office for a
90 change to the wording of the bill dealing with advertising for specialty licenses. (Sec. 3, Pg. 2, Line 19).
91 The request asked for the phrase "...name of a specialty" to be removed and was made by the husband
92 of Von Imhof's Chief of staff, who is a dentist, but not a specialist, in the state. Dr. Logan stated that the
93 board would be presented the amendment "whether they like it or not" and that should they wish to
94 preserve the bill as written, they should "be prepared for an argument in front of senate finance". He
95 added that there was talk of SB173 being combined with HB111, the dental hygiene specialty license bill,
96 but no action has been taken yet. Dr. Nielson stated that the change requested by the dentist would not
97 detract from the spirit of the bill, and that having a specialty license that the board can write regulations
98 for remains the goal. He added that the potential combining of the two bills does not affect the board,
99 as they had previously approved and supported moving both forward. Dr. Johnson agreed, adding that
100 as long as licensees stayed within their standard of care and general dentistry scope of practice when
101 advertising, that he did not see a problem with the proposed language adjustment.

102 Dr. Logan then asked for an update regarding COVID testing for patients within a practitioner's office, as
103 he had received multiple queries from licensees. He added that offices are trying to find the balance
104 between requiring testing and potentially losing patients that refuse to test versus not requiring testing
105 and being held liable should an outbreak occur. He stated that the CDC has recently updated their
106 guidance on indoor masking, as has the ADA, and asked that the board consider doing the same. Dr.
107 Johnson recognized the component of risk to a practice, and stated that as CDC, OSHA, and ADA
108 recommendations are constantly changing, perhaps writing the guidance to direct licensees to their
109 respective websites would be appropriate. Ms. O'Brien reminded everyone that an update of the
110 board's COVID guidance was on the agenda for later that afternoon.

111 Dr. Logan then asked for a potential regulations project, stating that a license for an applicant who
112 submits a GPR needs to meet the conditions in 12 AAC 28.938 and require graduation from an approved
113 dental school. He added that he did not think that someone should be a foreign graduate, be able to
114 take a GPR, and automatically meet requirements. He added that if not possible to do a case by case
115 basis, that it should be a country by country basis, as criteria towards licensure isn't uniform. Dr. Logan
116 stated that a 1-year GPR is not enough to overcome potential learning barriers when an applicant is
117 coming from a "third world dental school". Dr. Nielson replied that the regulation already exists as a
118 stand-alone requirement and the only pathway to licensure.

119 Ms. O'Brien closed public comment at 10:01 AM.

120 **Agenda Item 5 – Old Business – 10:02 AM**

121 Dr. Johnson moved up the remainder of Agenda Item 10, Old Business, to number 5 while filling time
122 before the break. Ms. O'Brien provided an overview of the CDCA/WREB Webinar on the dental hygiene
123 mannequin exam that she attended. She reviewed the graphics for the webinar's outline and summary

124 of testing materials used. Ms. O'Brien let the board know that the CDCA/WREB offered samples of the
125 testing materials for distribution and review should they so choose and if so, said that she would contact
126 the company and request the prototypes.

127 **Agenda Item 6 – New Business – 10:05 AM**

128 Dr. Johnson then moved up Agenda Item 11, New Business, to number 6. He asked Dr. Nielson to
129 introduce a proposed letter to all sedation permit holders. Dr. Nielson stated that this letter came to
130 fruition out of a concern to reduce possible delays with the next upcoming renewal. He added that an
131 official announcement from the board would also serve to notify licensees of the requirements for
132 maintaining an active sedation permit. Dr. Nielson noted that there has been confusion in the past
133 regarding how the regulation (12 AAC 28.015) was written regarding patients under 13 years of age,
134 stating that if a licensee gives a pediatric patient anything other than nitrous oxide, then a sedation
135 permit is required. Dr. Nielson's intent was to clarify the requirements of the permit in his proposed
136 letter and to remind licensees of the guidelines for any pediatric sedation other than nitrous oxide. Dr.
137 Johnson replied that any clarification was helpful when providing guidance to licensees.

138 Dr. Johnson then reviewed the Letter of Support for HB111, which was written last year and provided
139 support from the board for the formation of an advanced dental hygiene permit. Dr. Nielson stated that
140 as there were no major changes to the bill, the board was still in support, and the letter was still usable,
141 the board could simply change the dates on the letter and resubmit it to the legislature.

142 **Agenda Item 7 – Break – 10:15AM**

143 *Off Record at 10:16 AM*

144 *On Record at 10:31 AM*

145

146 **Agenda Item 8 – PDMP Report – 10:31 AM**

147 Having established quorum through roll call, the board invited Ms. Carrillo to present the PDMP report.
148 Ms. Carrillo began the report by stating that in the last quarter, the PDMP has been actively working to
149 eliminate barriers and ease registration. The PDMP fee was reduced to \$0 on December 23, 2021, and
150 registration through the state has been discontinued. She added that licensees will still register with
151 AWARxE and that their registration status will be reflected on their professional license. Ms. Carrillo
152 announced that license integration was launched on January 11, 2022, stating that it eliminates
153 duplicate administrative work and helps OLE's focus on licensing duties. Ms. Carrillo introduced Mr.
154 Larson, who was brought on board with the PDMP program as an OLE to help streamline and maintain
155 these new processes.

156 Ms. Carrillo announced that the Communications module went tentatively live on February 8, 2022 and
157 would finish its configurations and go fully live starting March of 2022. This module serves to provide
158 enhancement for providers across systems to communicate about their patients, and Alaska will be data
159 sharing with 17 states and military health system when it begins. Ms. Carrillo let the board know that
160 there is an upcoming delegate audit in March. She encouraged the board members to let licensees
161 know to utilize their delegates in the patient review process, as rates are still low. She also informed the
162 board that the PDMP is developing education and outreach programs to identify barriers to access and
163 to aid in review compliance. Ms. Carrillo ended the report by informing the board that a cleanup of
164 direct dispenser designations was in progress to clarify capabilities for licensees.

165 Dr. Johnson asked Ms. Carrillo what the outreach looks like. She replied that the PDMP has sent letters
166 to all licensees as well as offers to hold in-office meetings for dental staff. She added that Lisa Sherrell is
167 developing an outreach training program and considering development of potential video training. Ms.
168 Carrillo stated that 1 on 1 meetings and training methods are most fruitful to prevent security risks. Dr.
169 Johnson then asked if the program was seeing positive impacts from the use of PDMP and CE
170 requirements. Ms. Carrillo replied yes, adding that the program is required to annually report to the
171 legislature how the PDMP has affected prescribing practices in the state. She said that the PDMP has
172 come a long way by using tools, collaborating with DHSS, participating in a statewide opioid action plan,
173 and assessing the awareness and feedback questionnaire sent to licensees. Dr. Johnson thanked Ms.
174 Carrillo and Mr. Larson for their time.

175 **Agenda Item 9 – Regulations Update - 11:02 AM**

176 Mr. Maiquis presented the proposed regulations changes that the board had approved at the December
177 3, 2021 meeting and sent out for public comment. Public comment closed on February 28, 2022, and
178 Mr. Maiquis had received 1 comment, suggesting that board change the wordage from “school” to
179 “program” in 12 AAC 28.958 in order to be more inclusive. Dr. Johnson asked if the board would be able
180 to accept the regulation changes in the aggregate or if they needed to do so separately. Mr. Maiquis
181 replied that the proposed changes that did not require amending could be accepted together, adding
182 that the board should note that they considered both public comment and the cost to private persons
183 when making their respective motions.

184 **On a motion duly made by Ms. Hansen, seconded by Dr. Nielson, with unanimous consent through a**
185 **roll call vote, and considering public comments received and cost to private persons, it was RESOLVED**
186 **that the Board move to adopt 12 AAC 28.940, 12 AAC 28.951, and 12 AAC 28.990 as proposed and**
187 **publicly noticed. 11:11 AM**

188 **On a motion duly made by Ms. Dschaak, seconded by Dr. Wenzell, with unanimous consent through a**
189 **roll call vote, and considering public comments received and cost to private persons, it was RESOLVED**
190 **that the Board move to adopt 12 AAC 28.958 as amended by changing “school” to “program”. 11:12**
191 **AM**

192 Dr. Johnson asked Mr. Maiquis if there were any other updates regarding the adopted regulations
193 changes. Mr. Maiquis replied that he would get a new Certification Order drafted to send to Dr. Nielson
194 for his signature, and thus carry the regulations changes forward to the department of law. Dr. Johnson
195 thanked Mr. Maiquis for his time.

196 Dr. Johnson then moved the final piece of New Business, an update of the board’s COVID guidance, up
197 for discussion. Ms. O’Brien let the board know that she had received correspondence from another
198 board member, Dr. Woller, who had offered to re-write the board’s COVID guidance for its website. Dr.
199 Nielson recommended that Dr. Woller compose new guidance, and then Ms. O’Brien would upload the
200 new procedures to OnBoard for a vote.

201 **On a motion duly made by Dr. Nielson, seconded by Dr. Hronkin, and with unanimous consent, it was**
202 **RESOLVED that the Board authorize Dr. Jon Woller to update the COVID guidance to be put on**
203 **OnBoard for a vote. 11:14 AM**

204 Dr. Johnson moved to convene for lunch, asking the board members to reconvene at 12:55 PM in order
205 to meet quorum and finish the Division update.

206 **Agenda Item 10 – Lunch – 11:17 AM**

207 *Off Record at 11:17AM*

208 *On Record at 12:59 PM*

209

210 **Agenda Item 11 – Division Update – 12:59 PM**

211 Having established quorum through roll call, Dr. Johnson invited Director Chambers to begin her
212 presentation. Director Chambers began by introducing the FY22 2nd Quarter Report. She stated that the
213 data was gathered through December 31, 2021, and that there was some missing information. She
214 added this was due to LAW department experiencing delays in billing to the Division, and that the
215 information will be added into the FY22 3rd quarter report for review. Director Chambers added that
216 another request was made for a general fund infusion in FY23, and that the board may need a require a
217 future fee increase after the analysis is completed later this year.

218 Dr. Nielson thanked Dr. Johnson for chairing the meeting. He then asked Director Chambers about
219 SB173, the Specialty License Creation bill, asking if the fiscal note was so large due to DHSS anticipating
220 costs for a new Medicaid Reviewer position. He added that the bill would not create a higher number of
221 licenses, but instead would attach designations to existing licenses. Director Chambers recommended
222 that the board defer to DHSS regarding questions about Medicaid, adding that DHSS should have the
223 pertinent information listed in the fiscal note. She added that DHSS has not had any issues with the bill
224 from a content standpoint and has been advocating to pass the bill through several committees, keeping
225 it in motion. Director Chambers then briefly introduced the Legislative Guidance Refresher, providing
226 the board with information should they attend any bill hearings or need to contact the legislature. Dr.
227 Johnson asked for an update on the Advanced Hygiene Permit Bill, HB111. Director Chambers replied
228 that the bill is in a holding pattern, as it has moved from the house to the senate and is waiting to be
229 assigned a hearing. She added that as it is an election year, sponsors and committees may hold or move
230 bills in order to appease their constituents. Director Chambers encouraged the board members to reach
231 out to the various committee chairs who were hearing the bills in order to keep them moving forward.
232 Dr. Johnson presented the previously board-approved letters of support for SB173 and HB 295, which
233 would create a specialty license and move the dental radiological program to DHSS. Director Chambers
234 let the board know that the letters made it to the proper parties and were reflected on the legislative
235 website. She added that the content of the bills was solid, and that the only reviews taking place were
236 those of the bills' proposed fiscal notes. Dr. Johnson thanked Director Chambers for her time.

237 **Agenda Item 12 – Adjourn – 1:16 PM**

238 Ms. O'Brien reviewed her list of due outs, which included: Emailing a PDF of the board's proposed
239 Penalty Matrix to Ms. Bautista, Contacting the CDCA for hygiene mannequin samples, Emailing Dr.
240 Nielson the Certification Order for the approved regulations changes, Sending the Legislative Guidance
241 Refresher packet to the Board, Sending Mr. Maiquis the Affidavit of Board Action for the approved
242 regulations changes, and letting Dr. Woller know that his COVID Guidance re-write had been approved.

243 Ms. O'Brien also confirmed the next Board meeting date for Friday, May 13, 2022 based on the Board's
244 response to a previous Doodle Poll.

245 On a motion duly made by Dr. Nielson, seconded by Ms. Dschaak, and with unanimous consent, it was
246 RESOLVED that the Board move to adjourn. 1:17 PM

247 *Off Record at 1:18PM*

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Respectfully Submitted:

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Abby O'Brien
Occupational Licensing Examiner

263

Approved:

264

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266

David Nielson, DDS, President

267

Date: _____

268

Investigations Report



MEMORANDUM

DATE: May 09, 2022
 TO: Board of Dental Examiners
 THRU: Greg Francois, Chief Investigator *GF*
 FROM: Jasmin Bautista, Investigator *JB*
 RE: Investigative Report for the May 13, 2022 Meeting

The following information was compiled as an investigative report to the Board for the period of February 18, 2022 thru May 09, 2022; this report includes cases, complaints, and intake matters handled since the last report.

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

OPEN - 59

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
DENTAL HYGIENIST			
2022-000219	License application problem	Intake	03/08/2022
2021-000214	Violation of licensing regulation	Investigation	05/03/2022
DENTIST			
2020-000953	Violation of licensing regulation	Intake	10/12/2020
2021-000300	Fraud or misrepresentation	Intake	04/12/2021
2021-000436	License application problem	Intake	05/24/2021
2022-000378	Standard of care	Intake	04/21/2022
2018-000011	Standard of care	Complaint	05/07/2018
2020-000414	Incompetence	Complaint	06/09/2020

2020-000779	Violation of licensing regulation	Complaint	08/18/2020
2020-000780	Violation of licensing regulation	Complaint	08/18/2020
2020-000781	Violation of licensing regulation	Complaint	08/18/2020
2021-000228	Standard of care	Complaint	05/12/2021
2021-000451	License application problem	Complaint	05/05/2022
2021-000562	Standard of care	Complaint	03/07/2022
2022-000221	Standard of care	Complaint	04/22/2022
2022-000404	Criminal action - no conviction	Complaint	05/02/2022
2017-001252	Standard of care	Investigation	12/26/2019
2019-000320	PDMP Violation	Investigation	04/29/2022
2020-000474	Standard of care	Investigation	02/18/2021
2011-000163	Probation	Litigation Initiated	12/15/2020
2017-000421	Unethical conduct	Litigation Initiated	06/21/2018
2017-000526	Unprofessional conduct	Litigation Initiated	06/21/2018
2017-000527	Standard of care	Litigation Initiated	06/21/2018
2017-000528	Standard of care	Litigation Initiated	06/21/2018
2017-000529	Standard of care	Litigation Initiated	06/21/2018
2017-000546	Standard of care	Litigation Initiated	06/21/2018
2017-000547	Standard of care	Litigation Initiated	06/21/2018
2017-000549	Standard of care	Litigation Initiated	06/21/2018
2017-000560	Standard of care	Litigation Initiated	06/21/2018
2017-000635	Standard of care	Litigation Initiated	06/21/2018
2017-000814	Fraud or misrepresentation	Litigation Initiated	06/21/2018
2017-000926	Standard of care	Litigation Initiated	06/21/2018
2018-001023	Standard of care	Litigation Initiated	06/21/2018
2019-000352	Standard of care	Litigation Initiated	01/26/2022
2019-000775	Standard of care	Litigation Initiated	01/26/2022
2019-000793	Standard of care	Litigation Initiated	01/26/2022
2019-000797	Standard of care	Litigation Initiated	01/26/2022
2019-000798	Standard of care	Litigation Initiated	01/26/2022
2019-000799	Standard of care	Litigation Initiated	01/26/2022

2019-000802	Standard of care	Litigation Initiated	01/26/2022
2019-000803	Standard of care	Litigation Initiated	01/26/2022
2019-000804	Standard of care	Litigation Initiated	01/26/2022
2019-000807	Standard of care	Litigation Initiated	01/26/2022
2019-000808	Standard of care	Litigation Initiated	01/26/2022
2019-000809	Standard of care	Litigation Initiated	01/26/2022
2019-000810	Standard of care	Litigation Initiated	01/26/2022
2019-000811	Standard of care	Litigation Initiated	01/26/2022
2019-000812	Standard of care	Litigation Initiated	01/26/2022
2019-000813	Standard of care	Litigation Initiated	01/26/2022
2019-000814	Standard of care	Litigation Initiated	01/26/2022
2019-000815	Standard of care	Litigation Initiated	01/26/2022
2019-000817	Standard of care	Litigation Initiated	01/26/2022
2019-000818	Standard of care	Litigation Initiated	01/26/2022
2019-000821	Standard of care	Litigation Initiated	01/26/2022
2019-000822	Standard of care	Litigation Initiated	01/26/2022
2019-000824	Standard of care	Litigation Initiated	01/26/2022
2019-000825	Standard of care	Litigation Initiated	01/26/2022
2019-000826	Standard of care	Litigation Initiated	01/26/2022
2019-000827	Standard of care	Litigation Initiated	01/26/2022

Closed -
Case #

Violation Type

Case Status

Closed

Closure

END OF REPORT

Public Comment



BREAK TIME

Division Update

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

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Dental Examiners	FY 16	FY 17	Biennium	FY 18	FY 19	Biennium	FY 20	FY 21	Biennium	FY 22 1st - 3rd QTR
	Revenue									
Revenue from License Fees	\$ 103,201	\$ 686,060	\$ 789,261	\$ 179,011	\$ 636,660	\$ 815,671	\$ 77,965	\$ 626,646	\$ 704,611	\$ 84,970
General Fund Received								\$ 227,625	227,625	\$ 264,167
Allowable Third Party Reimbursements	-	-	-	-	127	127	-	-	-	-
TOTAL REVENUE	\$ 103,201	\$ 686,060	\$ 789,261	\$ 179,011	\$ 636,787	\$ 815,798	\$ 77,965	\$ 854,271	\$ 932,236	\$ 349,137
Expenditures										
Non Investigation Expenditures										
1000 - Personal Services	95,580	68,010	163,590	113,144	117,120	230,264	105,784	114,394	220,178	57,783
2000 - Travel	8,138	5,286	13,424	9,189	5,862	15,051	2,232	-	2,232	-
3000 - Services	16,955	27,740	44,695	26,606	62,283	88,889	11,450	8,444	19,894	3,761
4000 - Commodities	427	846	1,273	493	309	802	605	202	807	368
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	121,100	101,882	222,982	149,432	185,574	335,006	120,071	123,040	243,111	61,912
Investigation Expenditures										
1000-Personal Services	36,948	99,335	136,283	51,494	115,538	167,032	119,771	55,971	175,742	39,881
2000 - Travel										
3023 - Expert Witness	-	14,800	14,800	14,800	-	14,800	-	800	800	-
3088 - Inter-Agency Legal	536	15,896	16,432	8,011	29,796	37,807	56,993	25,258	82,251	-
3094 - Inter-Agency Hearing/Mediation	-	2,976	2,976	1,264	563	1,827	2,496	20,203	22,699	1,063
3000 - Services other					579	579	169	29	198	5,370
4000 - Commodities										
Total Investigation Expenditures	37,484	133,007	170,491	75,569	146,476	222,045	179,429	102,261	281,690	46,314
Total Direct Expenditures	158,584	234,889	393,473	225,001	332,050	557,051	299,500	225,301	524,801	108,226
Indirect Expenditures										
Internal Administrative Costs	64,849	112,465	177,314	113,011	129,737	242,748	71,838	69,597	141,435	52,198
Departmental Costs	27,858	58,120	85,978	57,385	72,191	129,576	36,414	31,551	67,965	23,663
Statewide Costs	9,544	16,002	25,546	18,400	24,144	42,544	29,715	23,383	53,098	17,537
Total Indirect Expenditures	102,251	186,587	288,838	188,796	226,072	414,868	137,967	124,531	262,498	93,398
TOTAL EXPENDITURES	\$ 260,835	\$ 421,476	\$ 682,311	\$ 413,797	\$ 558,122	\$ 971,919	\$ 437,467	\$ 349,832	\$ 787,299	\$ 201,624
Cumulative Surplus (Deficit)										
Beginning Cumulative Surplus (Deficit)	\$ 75,852	\$ (81,782)		\$ 182,802	\$ (51,984)		\$ 26,681	\$ (332,821)		\$ 171,618
Annual Increase/(Decrease)	(157,634)	264,584		(234,786)	78,665		(359,502)	504,439		147,513
Ending Cumulative Surplus (Deficit)	\$ (81,782)	\$ 182,802		\$ (51,984)	26,681		\$ (332,821)	\$ 171,618		\$ 319,131
Statistical Information										
Number of Licenses for Indirect calculation	2,461	4,774		5,144	5,350		2,337	2,658		
Additional information:	<ul style="list-style-type: none"> • Fee analysis required if the cumulative is less than zero; fee analysis recommended when the cumulative is less than current year expenditures; no fee increases needed if cumulative is over the current year expenses * • Most recent fee change: New fee added FY19 • Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and progr 									

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

Sum of Budgetary Expenditures Object Name (Ex)	Object Type Name (Ex)			Grand Total
	1000 - Personal Services	3000 - Services	4000 - Commodities	
1011 - Regular Compensation	48,922.99			48,922.99
1014 - Overtime	952.51			952.51
1023 - Leave Taken	7,330.47			7,330.47
1028 - Alaska Supplemental Benefit	3,526.15			3,526.15
1029 - Public Employee's Retirement System Defined Benefits	7,906.79			7,906.79
1030 - Public Employee's Retirement System Defined Contribution	1,654.18			1,654.18
1034 - Public Employee's Retirement System Defined Cont Health Reim	1,284.49			1,284.49
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	333.31			333.31
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	6,108.52			6,108.52
1039 - Unemployment Insurance	110.70			110.70
1040 - Group Health Insurance	15,855.70			15,855.70
1041 - Basic Life and Travel	16.66			16.66
1042 - Worker's Compensation Insurance	498.51			498.51
1047 - Leave Cash In Employer Charge	961.41			961.41
1048 - Terminal Leave Employer Charge	878.08			878.08
1053 - Medicare Tax	801.88			801.88
1063 - GGU Business Leave Bank Usage	-			-
1077 - ASEA Legal Trust	81.17			81.17
1079 - ASEA Injury Leave Usage	8.78			8.78
1080 - SU Legal Trst	5.15			5.15
1970 - Personal Services Transfer	-			-
3002 - Memberships		2,235.00		2,235.00
3045 - Postage		20.24		20.24
3046 - Advertising		706.82		706.82
3094 - Inter-Agency Hearing/Mediation		1,063.30		1,063.30
4005 - Subscriptions			368.00	368.00
1016 - Other Premium Pay	220.49			220.49
1062 - GGU Business Leave Bank Contributions	206.13			206.13
3088 - Inter-Agency Legal		5,976.03		5,976.03
3085 - Inter-Agency Mail		192.29		192.29
Grand Total	97,664.07	10,193.68	368.00	108,225.75

97664.07

0

PDMP Report



Lunch Time

Regulations Project

Old Business



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

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

DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING
Board of Dental Examiners

PO Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2250
Fax: 907.465.2974

April 19, 2022

Updated Dental Board Statement Regarding COVID-19 Guidance

Dear Licensee,

The Alaska Board of Dental Examiners has removed specific COVID-19 guidance. As healthcare providers, it is your responsibility to make informed decisions based on the information you have available. The Board expects licensees to prioritize patient and staff well-being and adhere to the standard of care at all times.

Dentists are encouraged to continue following the Centers for Disease Control and Prevention's (CDC) COVID-19 "Guidance for Dental Settings" to help stop the spread of COVID-19.

On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard for COVID-19 in healthcare settings. For the full document, please see [29 CFR 1910, Subpart U](#). Although dentistry is largely exempt from the new OSHA standard, the American Dental Association (ADA) notes that dental practices must follow key provisions such as pre-appointment patient screenings for COVID-19, screening anyone entering the dental practice prior to entry, denying entry to anyone suspected or confirmed to have COVID-19, and having a written COVID-19 plan. For details on compliance with OSHA's COVID-19 temporary standard in healthcare settings, visit the ADA's "[OSHA COVID-19 Healthcare Emergency Temporary Standard](#)."

Best Regards,
David Nielson, DDS

A handwritten signature in black ink, appearing to read "David Nielson".

President, Alaska Board of Dental Examiners

Alaska Board of Dental Examiners

Penalty Matrix

Proposed DRAFT copy

Created 02/22/2022

by

Dr. Dominic Wenzell

Alaska State Board of Dental Examiners-Disciplinary Matrix

Violation Tiers

First Tier Violations: Violations that are distinguished as First Tier Violations are those that the Board determines to be less serious, or which pose minimal threat to public safety, after consideration of any aggravating or mitigating factors.

Second and Third Tier Violations: Violations that are distinguished as second or third tier violations are those that the Board determines to be more serious, or which pose more than a minimal threat to public safety, after consideration of any aggravating or mitigating factors.

Sanctions

The Board will determine an appropriate sanction after consideration of any aggravating or mitigating factors. When considering conduct constituting a violation of multiple statute sections, the Board will determine an appropriate sanction after consideration of the sanction recommendations from all applicable violation sections and any aggravating or mitigating factors.

Levels listed from lowest(no action) to highest (revocation)

- *denial of licensure
- *Warning-Lowest level of disciplinary action
- *Administrative Penalty—Fine-based penalty limited to those violations that do not involve the provision of direct patient care
- *Reprimand-Increased level of disciplinary action. May involve financial penalties
- *Suspension-Increased level of disciplinary action. Suspension may be enforced in full or for limited time periods.
 - *Emergency Suspension-If a licensee is found by the Board to constitute a clear, imminent, or continuing threat to a person's physical health or well-being, the person's license or permit will be immediately suspended.
- *Revocation of license or certification.

Aggravating and Mitigating Factors

The Board will consider all factors required by statute or board rule. The following **nonexclusive** list identifies factors that may mitigate or aggravate the sanctions that should be imposed in an order or stipulation to informal disposition.

- 1) General Factors:
 - (a) license holder's knowledge, intent, and degree of responsibility
 - (b) presence of pattern of other violations
 - (c) prior violations of a similar nature
 - (d) potential for successful rehabilitation
 - (e) isolated incident unlikely to reoccur
- 2) Factors related to the license holder:
 - (a) experience in practice and level of competency exhibited over course of career
 - (b) mental and/or physical health
 - (c) personal circumstances
 - (d) personal problems having a nexus with the unprofessional conduct
 - (e) involvement of, or impairment by alcohol, illegal drugs, or controlled substances
- 3) Factors related to disciplinary process:
 - (a) admission of key facts
 - (b) self report or voluntary admission of violation
 - (c) full and free disclosure to the disciplining authority
 - (d) false evidence, statements or deceptive practices during the investigation or discipline process or proceedings

- (e) impact on the patient or victim, via potential or actual harm
 - (f) material or financial gain from violation
 - (g) attempts to circumvent a statute or board rule
 - (h) remorse or awareness that the conduct was wrong
- 4) Factors related to the unprofessional conduct
- (a) gravity of the unprofessional conduct
 - (b) age, capacity and/or vulnerability of the patient or victim
 - (c) number or frequency of the acts of unprofessional conduct
 - (d) degree of responsibility for the outcome
 - (e) abuse of trust
 - (f) intentional or inadvertent act or acts
 - (g) motivation is criminal, immoral, dishonest, or for personal gain

Oversight

Means a period of time during which respondent must engage in on-going affirmative conduct intended to encourage rehabilitation and ensure public safety. It also includes active compliance monitoring by the disciplining authority. The passage of time without additional complaints or violations, with or without payment of a fine or costs, is not, by itself oversight.

The disciplining authority may deviate from the sanction schedules if the schedule does not adequately address the facts in a case. The disciplining authority will acknowledge the deviation and state its reasons for deviating from the sanction schedules in the order or stipulation to informal disposition.

If the unprofessional conduct is not described in a schedule, the disciplining authority will use its judgement to determine appropriate sanctions. The disciplining authority will state in the order or stipulation to informal disposition that no sanction schedule applies.

Using the sanction schedules

- Step 1: The findings of fact in an order or the allegations in an informal disposition describe the unprofessional conduct. The disciplining authority uses the unprofessional conduct described to select the appropriate sanction schedule
- (a) If the act of unprofessional conduct falls in more than one sanction schedule, the greater sanction is imposed
 - (b) If different acts of unprofessional conduct fall in the same sanction schedule, the highest sanction is imposed and the other acts of unprofessional conduct are considered aggravating factors.
- Step 2: The disciplining authority identifies the severity of the unprofessional conduct and identifies a tier using the sanction schedule tier descriptions
- Step 3: The disciplining authority identifies aggravating or mitigating factors listed above
- Step 4: The disciplining authority selects sanctions within the identified tier. The starting point for duration of the sanctions is the middle of the tier range
- (a) Aggravating factors move the appropriated sanctions towards the maximum end of the tier range
 - (b) Mitigating factors move the appropriate sanctions towards the minimum end of the tier range
 - (c) Mitigating of aggravating factors may result in determination of a sanction outside the range in the tier. The disciplining authority will state its reasons for deviation from the tier range in the sanction

schedule in the order of stipulation to informal disposition. The disciplining authority has complied with these rules if it acknowledges the deviation and states its reasons for deviating from the sanction schedules in the order or stipulation to informal disposition.

Fine schedule

The amount of administrative fine assessed will be based on the following criteria:

- * The seriousness of the violation, including but not limited to, the nature, the circumstances, extent and gravity of the prohibited acts and the hazard or potential hazard created to the health, safety, or welfare of the public
- * the economic damage to property or environment caused by the violation
- * the history of previous violations
- * the amount necessary to deter future violations
- * efforts made to correct the violation
- * If the respondent fails to pay or appeal the administrative penalty by the due date, the penalty amount will double

PRACTICE BELOW STANDARD OF CARE AND/OR ETHICS VIOLATIONS

Severity	Tier/Conduct	Sanction Range - In consideration of Aggravating & Mitigating Circumstances		Duration
		Min	Max	
Least	Caused No or minimal patient harm or a risk of minimal patient harm	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc	Oversight for 3 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc	0-3 years
		\$1,000 fine	\$5,000 fine	
	Caused Moderate patient harm or risk of moderate to severe patient harm AND/OR repeat offender	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation	2-5 years unless revocation
		\$2,000 fine	\$5,000 fine	
Greatest	Caused severe harm or death to a human patient	Oversight for 3 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. In addition - demonstration of knowledge or competency	Permanent conditions, restrictions or revocation	3 years -permanent
		\$5,000 fine	\$10,000 fine	

Diversion of Controlled Substances or Legend Drugs				
Severity	Tier/Conduct	Sanction Range - In consideration of Aggravating & Mitigating Circumstances		Duration
		Min	Max	
Least	Diversion with no or minimal patient harm or risk of harm	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-5 years
		\$1,000 fine	\$2,500 fine	
	Diversion with moderate patient harm or for distribution	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 7 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2-7 years unless revocation
		\$2,500 fine	\$5,000 fine	
Greatest	Diversion with severe physical injury or death of a patient or a risk of severe physical injury or death or for substantial distribution to others	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. AND demonstration of successful completion of evaluation and treatment.	Permanent conditions, restrictions or revocation.	6 years - permanent
		\$5,000 fine	\$10,000 fine	

SUBSTANCE ABUSE				
Severity	Tier/Conduct	Sanction Range - In consideration of Aggravating & Mitigating Circumstances		Duration
		Min	Max	
Least	Misuse of drugs or alcohol with no to minimal patient harm or a risk of minimal patient harm. Self report.	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc	Oversight for 3-5 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc	0-5 years
		No fine	\$5,000 fine	
	Misuse of drugs or alcohol with moderate patient harm or risk of harm.	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 7 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation	2-7 years unless revocation
		\$1,000 fine	\$5,000 fine	
Greatest	Misuse of drugs or alcohol with severe physical injury or death of a patient or a risk of significant physical injury or death	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. AND demonstration of successful completion of evaluation and treatment.	Permanent conditions, restrictions or revocation	6 years -permanent
		\$5,000 fine	\$10,000 fine	

SEXUAL MISCONDUCT OR CONTACT				
Severity	Tier/Conduct	Sanction Range - In consideration of Aggravating & Mitigating Circumstances		Duration
		Min	Max	
Least	Inappropriate conduct, contact or statements of a sexual or romantic nature	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 3 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-5 years
		\$1,000 fine	\$2,500 fine	
	Sexual contact, romantic relationship or sexual statements that risk or result in patient harm	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2-5 years unless revocation
		\$2,500 fine	\$5,000 fine	
Greatest	Sexual contact including but not limited to contact involving force and/or intimidation, and convictions of sexual offences	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Permanent conditions, restrictions or revocation.	6 years - permanent
		\$5,000 fine	\$10,000 fine	

ABUSE - PHYSICAL AND/OR EMOTIONAL				
Severity	Tier/Conduct	Sanction Range - In consideration of Aggravating & Mitigating Circumstances		Duration
		Min	Max	
Least	Verbal or nonverbal intimidation, forceful contact, or disruptive or demeaning behavior, including general behavior not necessarily directed at a specific patient or patients	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 3 years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	0-3 years
		\$1,000 fine	\$2,500 fine	
	Abusive unnecessary or forceful contact or disruptive or demeaning behavior causing or risking moderate mental or physical harm, including general behavior not directed at a specific patient or patients	Oversight for 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation.	2-5 years unless revocation
		\$2,500 fine	\$5,000 fine	
Greatest	Severe physical, verbal or forceful contact, or emotional disruptive behavior that results in or risks significant harm or death	1 year suspension AND oversight for 5 additional years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Permanent conditions, restrictions or revocation.	6 years - permanent
		\$5,000 fine	\$10,000 fine	

CONTINUING EDUCATION				
Severity	Tier/Conduct	Sanction Range - In consideration of Aggravating & Mitigating Circumstances		Duration
		Min	Max	
Least	Short 0-4 credit hours	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc	Oversight for 0-2years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc	0-2 years
		\$250 fine per credit	\$500 fine per credit	
	Short 5-10 credit hours	Oversight for 0-2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 0-2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation	0-2 years
		\$500 fine per credit	\$1,000 fine per credit	
Greatest	Short over 10 credit hours	Oversight for 0-2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 0-2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc. OR revocation	0-2 years unless revocation
		\$500 fine per credit	\$2,000 fine per credit	

New Business

The CRDTS Report

Over 50 Years of Testing Excellence

Central Regional Dental Testing Service, Inc.

Spring 2022

PRESIDENT'S MESSAGE



Sam Jacoby, DDS
President

CRDTS. A WORK IN PROGRESS?

To most who hear the phrase “a work in progress” it means that something is missing, lacking, or incomplete. So, is CRDTS a work in progress? Most definitely it is, but not for those reasons. Our work at CRDTS is just unfinished.

Over the more than fifty years that CRDTS has been involved in licensure testing we have always been deeply involved in test development and data collection. Much time has been spent in cooperation with other organizations and testing agencies using input from us to improve the way dental professionals are evaluated. This quest for improvement has never been about strengthening our agency. It has been about strengthening State Boards of Dentistry by giving them a product they can count on to achieve their mission of protecting the public. Additionally, as we continue to do this, our efforts are always guided by the principals of professionalism, honesty, and accuracy.

Over the past year, I have witnessed the CRDTS Leadership Team, Professional and Central Office Staff and Committees cultivate a renewed enthusiasm to become an even greater “work in progress”. Both Dental and Dental Hygiene Exam Review Committees continue to recommend innovative modifications to our examinations, and adjunctive support for schools and Boards. The Strategic Planning Committee has recently formulated an updated strategic plan. The Bylaws and Governance Committee completed a thorough review and made recommendations for revisions of our Bylaws, Membership Agreement and Committee Charters. The Executive Committee has responded to the needs of CRDTS Professional & Office Staff reorganization appropriately and the Steering Committee has approved expenditure of funds to make everything work. Our Executive Director, Professional and Office Staff have worked tirelessly to monitor and participate in State Board meetings, develop contacts across the country, renew

Volume 18, Issue 1

President's Message	p 1
Executive Director's Message	p 2
President Elect's Message	p 3
Vice President's Message	p 3
Secretary/Treasurer's Message	p 4
Annual Meeting Schedule	p 4
News from Dental	p 5
News from Dental Hygiene	p 6
2021 photo highlights	p 7

relationships with Schools and Boards, streamline the process of supporting our exams with both technology and materials and promote our organization as the most trustworthy, ethical, and professional agent for licensure testing.

What has been the result of all this hard work and motivation? Recently CRDTS has grown to include three new member States. Modifications to our examinations have made them more cost and time effective yet increased the level of fidelity and validity for the simulated patient exams. We have fielded multiple requests for School and State Board presentations and have seen increased interest from students. The establishment of CRDTS independent test sites is a concept that has been implemented, successful and appreciated. The continuing exploration of virtual haptic technology coupled with our recent partnership with SIMtoCARE, the premier developer of this technology, holds immense potential to expand our services.

So, in answer to my original question, YES, CRDTS is a work in progress, but only because our work is unfinished. It never has been and never will be, because our organization thrives on constant improvement of our products based on feedback from examiners and individual Member States. All these recent accomplishments have been achieved while maintaining a positive attitude and a core belief in professionalism, honesty, and integrity. No money has changed hands to open doors and no roadblocks have been placed to close others. The progress we make is made with our values intact. What would the world of dental professions licensure testing be like without CRDTS? It's hard to imagine.

Sam Jacoby, DDS
CRDTS President

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.



*Sheli Cobler,
Executive Director*

After a year since starting as Executive Director of CRDTS, I am very happy to report that CRDTS continues to make great strides toward the goals we have set. CRDTS has an excellent team that is continually working to overcome challenges and find new ways to grow.

To that end, I am happy to announce that Texas, Utah and Idaho have all joined CRDTS since the last newsletter and we are proud to welcome them. Full Members have a voting seat on the CRDTS Steering Committee, thus each state board that is a Member, has a voice in the development and enhancement of the CRDTS examinations. Collaborating with our Members, CRDTS is able to ensure that the examinations are meeting the needs of the state boards and the candidates who will be taking them.

I am also pleased to announce our newest Central Office staff employees, Amelia Hursey, Materials Coordinator, and Ashley Holaday, Facilities Coordinator. Please help us welcome them if you call the office and speak with one of them.

Due to the changing environment in regional testing as a pathway toward licensure, CRDTS is in a position to grow in ways it has not for many years. We have the best professionals in dental and dental hygiene, we have a support staff that is second to none, and we have strategies in place to help us meet the goals before us. We are prepared for the challenges ahead and know that the efforts will culminate in growth.

Over the years, I have worked with many industrious folks yet, none as hard-working and dedicated to the mission and vision of an organization as what I am experiencing with CRDTS. The teamwork and integrity that is a constant is truly inspirational. Along with those characteristics comes the commitment to excellence that CRDTS has continued for over 50 years.

Don't be surprised if you find Dr. Jacoby, President of CRDTS, Dr. Edwards, Director of Dental Examinations, Ms. Gaskill, Director of Dental Hygiene Examinations, Ms. Laudenslager, Director of Communication and Education, or myself ringing your phone or even knocking at your door, as we expand our outreach efforts and tap into the resources we have. Together with our board members, committee chairs, central office staff and examiners, we are reaching out more often and, in more ways, to get the word out about CRDTS.

What we have learned is that there is a lack of knowledge about CRDTS at the state board level, in dental and dental hygiene education, and with the candidates themselves. CRDTS' leadership is working overtime to eliminate

misinformation and ensure that those involved in the dental and dental hygiene licensure have the information they need to make informed decisions regarding initial licensure.

Additionally, CRDTS is invested in the future of dental and dental hygiene licensure and with the support of our board members, we are continually researching innovative technology and ways to enhance our exam portfolio. With the forward-thinking that is taking place, CRDTS will be able to assist the state boards even more effectively in their mission to ensure the safety and well-being of the public.

If you didn't already know, these are just a few things that makes CRDTS what it is -

A Model of Excellence and Integrity in National Testing
Toward Dental and Dental Hygiene Licensure.

- ▶ National Dental and Dental Hygiene Exam
- ▶ Patient Based Exam Options
- ▶ Simulated Patient Exam Options
- ▶ Dental Therapy Exam
- ▶ Local Anesthesia Exam
- ▶ Restorative Auxiliary Exam
- ▶ Exam Location Flexibility
- ▶ Exam Scheduling Flexibility
- ▶ Same Day Results
- ▶ OSCE Administered On-Site
- ▶ Complimentary On-Site Retakes
- ▶ Virtual Haptic Options
- ▶ Remediation Assessment

As we continue to move forward in our mission and vision, we hope that if you find you have questions or wish to learn more about CRDTS, you will contact us. We are always interested in hearing from anyone who may like to know more about what we are doing to continue the legacy of CRDTS.

Sheli Cobler
CRDTS Executive Director

*See You In Kansas City
August 25-27*

*At a Glance
Schedule on Page 4*

ITS THE PEOPLE!



*Otto Dohm, DDS
President Elect*

Why bother?

Why bother essentially volunteering to be an examiner, to serve on committees. Why bother to expend time and effort trying to deliver an ethical, fair examination to the State Boards, and dental professionals seeking licensure?

For me the answer is I would like to give back to a profession that has provided an excellent career for myself and my family.

Everyone reading this has their own answer and reasons for their commitment to a similar goal. The broader question is why CRDTS?

Why have we chosen to throw in with this organization?

The exciting travel to faraway places like Wahpeton ND? The outstanding BBQ at the KC Hilton? The advanced technology of the ESD tablets or the "Tooth"

I would invite each of you to consider what it is that makes CRDTS worthy of your time and effort.

I had to ponder this last summer when I was approached about

serving as an officer in this organization. I do care about the mission, but why would I want to bother doing more. Why would I choose to have more things on the perpetual "to do list"? I talked with my wife and pondered this for some time last summer before deciding to go "all in". I've had the opportunity to work with other testing agencies and have dealt with many of the officers and management of these groups over the years. Their goals are similar to CRDTS, and they provide a good product. Why CRDTS?

As I considered these things last summer and I to only one conclusion. The answer to why CRDTS for me is the people!

I feel much more comfortable working with people that I admire, and respect and this organization is made up of those people. Every agency has technology, psychometrics, calibration etc. Every agency does not have a central staff that is dedicated and committed to achieving the goals of the agency. They don't have state membership in the organization and examiners/committee members that are dedicated and committed to integrity and improvement of the process. CRDTS has these people and more. It's the people that set CRDTS apart.

Otto Dohm, DDS

LET'S CELEBRATE 50 YEARS!



*Nancy Kearn, RDH
Vice President*

Spring Fever has arrived at my house and I am ready to travel and examine with my testing friends!

CRDTS Staff and Officers have worked nonstop to prepare for this testing year.

We are so excited for the new opportunities that face us each day.

You will hear more about these happenings as you read this newsletter but did you know...

We are celebrating our 50th year of Dental and Dental Hygiene examinations!

To celebrate,

We will gather Friday, August 26 and Saturday the 27th for our Annual Meeting. We have reservations at the Loews Kansas City Hotel that is within walking distance to the Power & Light District.

You will want to arrive early on Friday as we will have our Presidents dinner and special program on Friday night.

We hope many of our past leaders will be joining us to celebrate

this milestone in our history.

Saturday we will hold our necessary business meeting, which we will try to keep brief and to the point!

Breakout Sessions for Educators, Examiners and State Board Members were a favorite at last year's annual session. We will be using a similar format for our meeting agenda. From the feedback we received most everyone enjoyed having time to connect, network or just relax with our community.

Mark your calendars and watch for an email/invitation.

I would like to thank you for the opportunity to serve as your Vice President these past four years.

The pandemic pushed us into new uncharted waters, but we have become stronger and better because we had to!

Special thanks to our Executive Director, Richael Cobler and President, Dr. Sam Jacoby for their leadership and perseverance. Who knew Zoom calls could be so fun!

Thank you to our Central Office family,

You truly are the best!

Thank you and Happy Testing!

Nancy Kearn, RDH



Andrew Johnston, RDH
CRDTS Secretary/Treasurer

NICE TO MEET YOU

I am grateful for the opportunity to address our CRDTS family for the first time via the newsletter having recently taken on the role of Secretary/Treasurer. While I am fortunate enough to call many of you friends, there are still many who I do not know, but look forward to serving you as time goes on. The message I bring to you today

agencies struggle with their direction and voice, CRDTS continues to have incredible members and leaders who have the uncanny ability to see what is coming our way in dentistry and act quickly to adapt and be ahead of the curve. Our recent meetings are evidence of this. We have several directives coming from our January Steering Committee meeting that will help us to grow both our dental and dental hygiene exams, without overextending our financial position. I am excited to see the next phases of CRDTS!

Looking forward to meeting you all,

is an encouraging one. We are in a wonderful position financially based on the decisions of the leaders in years gone by. They have built up the needed funds for us to weather COVID successfully and also enough to carry out the Steering Committee's directive to build out the next chapter of what CRDTS will be for the future. While other

Andrew Johnston, RDH
CRDTS Secretary/Treasurer

See Y'all In KANSAS CITY



50 Years of Testing Excellence Celebration

An email with instructions for registration and travel will be sent in April

THURSDAY, AUGUST 25

7:30 AM - 1:00 PM Examiner Evaluation & Assignment Committee
Noon - 3:00 PM Dental Exam Review Committee
3:00 PM - 6:00 PM Strategic Planning Committee

FRIDAY, AUGUST 26

7:30 AM - 11:00 AM Executive Committee
Noon - 4:00 PM Steering Committee
5:00 PM - 6:00 PM Happy Hour (Cash Bar)
6:00 PM - 8:30 PM President's Dinner - CRDTS Alumni in Attendance
Retiree Plaques Presented

SATURDAY, AUGUST 27

7:45 AM - 9:00 AM Meet & Greet Breakfast
CRDTS Presentations
9:00 AM - 9:15 AM Break
9:15 AM - 10:30 AM Presentations Continued
10:30 AM - Noon Business Meeting
Noon - 1:00 PM Luncheon
1:15 PM - 3:00 PM Dental Exam Changes 2023
Dental Hygiene Changes 2023
3:00 PM - 5:00 PM Dental Educator's Meeting
Dental Hygiene Educator's Meeting

NEWS FROM DENTAL

We hope 2022 is off to a safe and strong start for all. CRDTS Dental ERC has been busy modifying simulated patient examination typodonts as well as simulated patient content, criteria, and policy. Restorative simulated patient procedures have been reduced from six procedures to four. These include an anterior Class III preparation on tooth #9DL, an anterior Class III restoration on tooth #23DL, a Class II posterior preparation on tooth #4DO OR #14MO (candidate chooses) and a posterior Class II restoration on tooth #18MO or #29DO (candidate chooses). In analysis of examination results, the additional Class II preparation and restoration



*Mark Edwards, DDS,
Director of Dental
Examinations*

procedures were non-discriminatory regarding pass/fail rates. Time limits for Part IV Periodontal simulated patient were reduced from 3 to 2 hours, and time limits for Part V Restorative simulated patient were reduced from 6 to 5 hours.

CRDTS independent testing site located above CRDTS central office in Topeka,

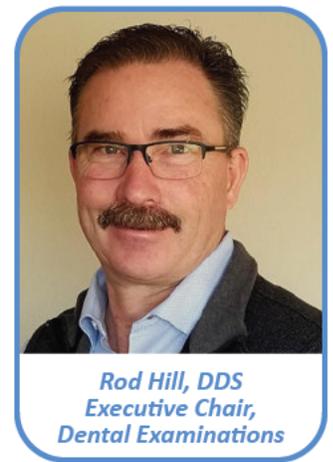
KS is set to open in April 2022, and will allow candidates the opportunity to schedule simulated patient examinations seven days/ week. Additional independent testing sites in Decatur, AL. and Hastings, NE. allow candidates the opportunity to take patient based, simulated patient or hybrid examination formats outside of the school setting.

CRDTS continues to embrace and explore new avenues and the impact of technology in dental and dental hygiene licensure assessment, education and remediation. CRDTS has begun a collaborative relationship with SimToCare to develop and refine virtual haptic technology to be used in education and remediation at the independent testing site in Topeka, KS. Particularly relevant due to COVID and the disruption in patient-based care, CRDTS

Steering Committee sees an opportunity for altruistically impacting the learning experience for students who have fallen behind. Skill refinement courses are currently in development to allow students an environment to practice and improve their skill set prior to taking a licensure examination.

CRDTS dental leadership in February attended the American Student Dental Association (ASDA) meeting in Louisville, KY and the American Dental Education Association meeting in Philadelphia, PA on March 19-22. These are excellent opportunities to share the CRDTS vision and mission with both students and educators as we strive to tell our story as opposed to our competitors sharing what is many times misinformation.

As always, CRDTS greatly appreciates all feedback as to how CRDTS dental can once again become relevant by improving models for testing by licensure to protect the mission of State Dental Boards but also positively impact Dental schools and students.



*Rod Hill, DDS
Executive Chair,
Dental Examinations*

Mark Edwards, DDS
Director of Dental Examinations

Rod Hill, DDS
CRDTS Dental ERC Chair

NEWS FROM DENTAL HYGIENE



Cindy Gaskill, RDH, MAE
Director of Dental Hygiene
Examinations

The last six months of my life has been full of learning and adjusting to working for our testing organization CRDTS. It seems like there is never enough time in the day to do all that I want to do – I honestly do not know how Kim did it! I am enjoying working with the other great team members, our Executive Director Sheli, our President

Sam, my counterpart Mark, and the many wonderful dental hygiene program contacts that Kim has developed over the last 25 years. Of course, I couldn't do my job without almost daily input from our DH Exam Review Committee Chair Janine – I am so lucky to have her and Kim to serve as mentors and guides in my new journey. Their knowledge of CRDTS and Dental Hygiene Testing is truly incredible.

One of our main goals is to continue the relationships with the over 200 schools who administer our CRDTS Dental Hygiene Exam (both live patient and simulated), Anesthesia Exam, Auxiliary Restorative Exam, and Dental Therapy Exams. I am enjoying working with the Program Directors, Faculty, and students as they prepare for their exams. I am gratified and full of respect for the way that our organization has maintained our integrity, validity, and ethical principles through the years despite many curveballs thrown in our path.

It has been a pleasure to meet with new Program Directors and new faculty members that want to learn more about our exams. It has been eye-opening to observe their excitement about the onsite grading, immediate scores release, complimentary exam retakes, and the on-site OSCE. It is exciting to receive calls from schools who want to be placed on our exam schedule for 2023 due to the changes happening in the examining world now. We have already started a list and are looking forward to working with the new programs and sites.

We have less than a month until the beginning of our busy Exam Season. I am ready to gear up for the many successful exams and working with our committed and dedicated examiners. We will miss the following examiners who have decided to hang up their examining explorers this year: Lisa Herder, Laura Jacob, Pat Lepp, Jane Stratman, Deb Palacioz, Nancy Stewart, and Valinda Parsons. These individuals have our deepest gratitude and sincere thanks for their years of service to CRDTS.

The C-CAP (Clinical Calibration and Assessment Program) kicked off our initial pilot session with 10 dental hygiene faculty members from UNMC in Lincoln, Nebraska. The team of C-CAP presenters are Kim, Janine, Penny, and me.

We have three more pilot sessions scheduled for 2023 and will be using the statistics that Kim is gathering to access the program and possible expansion next year. Almost every program wanted to participate this year so the future of C-CAP is exhilarating!

It is an impressive time to be part of CRDTS as we are growing and also celebrating 50 Years of Examining Excellence. I hope to see you in KC this fall for our annual meeting and celebration, if not before!

Cindy Gaskill, RDH, MAE
Director of Dental Hygiene Examinations



Janine Sasse-Englert, RDH, MS
Executive Chair, Dental
Hygiene Examinations

Greetings from the dental hygiene side of CRDTS. The 2022 exam season is upon us, and we kicked it off with a written local anesthesia exam in Washington. The season gets very busy in the coming months with restorative, local anesthesia, patient-based and simulated patient hygiene examinations. We are utilizing our 3rd generation typodont for the 2022 exam season, and though we were pleased with the 2nd generation model used in 2021, we are excited about the improvements in the

teeth and calculus that resulted from work with the research and development team at Acadental. As always, the CRDTS independent third-party assessments exist to serve our state boards' needs and the number of exams we have ready to administer upon request is impressive.

The Clinical Calibration and Assessment Program (CCAP) kicked off in Lincoln, NE this month. We will learn a lot from our pilot programs at four sites throughout this season and will be ready to offer this module to all programs in 2023. It is an exciting opportunity for faculty calibration for both our dental hygiene programs and our CRDTS dental hygiene branch.

The newest member of the dental hygiene team is Cindy Gaskill, who hit the ground running last fall and is busy developing exam materials, meeting with state boards, program directors/faculty and dental hygiene exam candidates. Her knowledge and expertise in all aspects of our exams has been an immeasurable asset to CRDTS.

CRDTS is an innovator in the examining arena. New technologies, new ideas, and a newly designed and constructed independent testing site are explained in other areas of this newsletter. Though covid-19 presented its challenges, we were able to meet them with futuristic thinking visionaries. What an exciting time to be in healthcare and licensure in the United States!

Janine Sasse-Englert, RDH, MS
Chair, Hygiene Examination Review Committee



EEAC Chair, Dr. Steve Holcomb recognizing retiring examiner, Dr. Karen Jahimiak



EEAC Chair, Dr. Steve Holcomb recognizing retiring examiner, Laura Jacob, RDH



Outgoing President, Dr. Tom Willis



Outgoing Secretary/Treasurer, Ermelinda Baca, RDH

2021 ANNUAL MEETING HIGHLIGHTS

Nashville



Executive Chair, Dental Hygiene Examinations, Janine Sasse-Englert, RDH



Executive Chair, Dental Examinations, Dr. Rod Hill & Director of Dental Examinations, Dr. Mark Edwards



Incoming President, Dr. Sam Jacoby



CRDTS

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ANNUAL MEETING - POWER & LIGHT DISTRICT

All Annual Meeting attendees are invited to the
“CRDTS Meet & Greet Breakfast” on Saturday, August 27th from 7:45-9:00 am.

We are excited to share what is happening in CRDTS and for you to meet the Executive Committee and Staff.

There are no CRDTS sponsored group events scheduled this year as we wanted everyone to have the opportunity to go out and enjoy Power & Light and what KC has to offer.

Power & Light is the reborn Downtown Kansas City that opened in 2008. A nine-block neighborhood featuring a variety of local, regional and national restaurants, shops, entertainment venues, nightlife and lifestyle amenities. The neighborhood is surrounded by landmarks and entertainment icons like Sprint Center, the Kauffman Center for the Performing Arts, the Crossroads Arts District and more.

Check out Power & Light's website for a directory and list of events closer to date.

www.powerandlightdistrict.com



From: [REDACTED]
Subject: National Commission Recognizes the American Board of Orofacial Pain as the National Certifying Board for Orofacial Pain
Date: Monday, March 28, 2022 3:32:04 PM

[REDACTED] [Learn why this is important](#)

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

Good Evening-

At its March 28, 2022 meeting, the National Commission on Recognition of Dental Specialties and Certifying Boards considered the American Board of Orofacial Pain application to be considered as the recognized national certifying board for orofacial pain. Based on review of the application, the National Commission determined that the *Requirements for Recognition of National Certifying Boards for Dental Specialists* had been met and adopted a resolution recognizing the American Board of Orofacial Pain as the national certifying board for orofacial pain.

Cathy

Catherine Baumann, M.A.P.S. [REDACTED]

Director, National Commission on Recognition of Dental Specialties and Certifying Boards
Education

American Dental Association 211 E. Chicago Ave. Chicago, IL 60611 www.ada.org

From: [CODA](#)
To: [REDACTED]
Cc: [REDACTED]
Subject: Notice of Program Discontinuance - Southcentral Foundation - GPR Program
Date: Monday, May 2, 2022 3:09:31 PM
Attachments: [GPR Teach Out Southcentral Foundation 5.22.pdf](#)

You don't often get email from codaquestions@gmail.com. [Learn why this is important](#)

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

Official Business

The Commission on Dental Accreditation (CODA) is providing notice that on March 31, 2022, the accredited general practice residency program (24 months) sponsored by Southcentral Foundation in Anchorage, Alaska informed the Commission of its voluntary discontinuance of CODA accreditation effective June 30, 2023 following the graduation of its last class. In accordance with USDE regulations, the Commission is notifying your agency within 10 days of its receipt of the program's official notice to the Commission. The Commission will affirm the discontinuance of the program's accreditation at its August 10, 2023 meeting.

Please review the attached letter for additional information.

--

Marjorie Hooper

[REDACTED]
Coordinator, CODA Operations

Commission on Dental Accreditation (CODA)



Commission on Dental Accreditation

VIA ELECTRONIC MAIL: [REDACTED]

May 2, 2022

Dr. Robert Onders
Chief Executive Officer
Alaska Native Tribal Health Consortium
4315 Diplomacy Drive
Anchorage, AK 99508

Dear Dr. Onders:

This will acknowledge receipt of your correspondence dated March 31, 2022 and received by email on April 18, 2022 advising the Commission on Dental Accreditation of the planned teach-out of the accredited general practice residency program (24 months) offered by the Southcentral Foundation, Anchorage, Alaska. The correspondence indicates the program will close following the graduation of its last class June 30, 2023.

Using the Guidelines for Preparing a Teach-Out Report (link below), **please prepare a comprehensive Teach-Out Report and submit this information to the Commission by no later than June 1, 2022.** Please contact my office when you're ready to submit and I will provide further instructions at that time.

In accordance with this information, the Commission will take action on the program's Teach-Out Report during its Summer 2022 meeting. The program will be informed of the Commission's action on the Teach-Out Report within 30 days of the Commission's Summer 2022 meeting.

The program will be expected to provide supplemental teach-out reports or other information that may be requested by the Commission, as well as notify the Commission when the program's final class has graduated. At the appropriate time, when the program no longer enrolls residents in any year of the program, the Commission will take action to affirm the reported date of discontinuance of the program's accreditation status unless you inform us otherwise in writing by May 15, 2023. You will be notified of the Commission's final actions on these matters following its August 10, 2023 meeting. Please note that any resident enrolled on or after the program's reported date of discontinuance must be advised that they will not graduate from a CODA-accredited program.

Enclosed is a copy of the Commission's policies related to "Voluntary Discontinuance of Accreditation," and "Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans." Specifically, it should be noted that when an educational program accredited by the Commission is terminated by the institution, residents who are enrolled and successfully complete the program during the Teach-Out will be considered graduates of an accredited program. Residents who transfer to another program and successfully complete that program will be considered graduates of the latter program. Such residents will be considered

Dr. Robert Onders
May 2, 2022
Page 2

graduates of an accredited program if the latter program is accredited during the time such residents are enrolled. It will be the closing institution's responsibility to ensure that appropriate resident records and transcripts are maintained for future reference.

In accordance with Commission policy, within ten (10) business days after the Commission becomes aware of a program's intent to discontinue, Commission staff contacts the institution's chief executive officer and program director and acknowledges the date when accreditation will lapse (i.e. program's discontinuance effective date) and the date by which the program will no longer be listed in the Commission's lists of accredited programs (i.e. date of CODA meeting or mail ballot). The United States Department of Education Secretary and the state licensing or accrediting agency are copied on this letter. This correspondence will serve as notification to the appropriate individuals and agencies.

Please contact me if you have any questions.

Sincerely,



Peggy Soeldner, M.S. Ed.
Manager, Advanced Dental Education
Commission on Dental Accreditation
PS

Enclosure: Policy on Voluntary Discontinuance of Accreditation
Policy on Discontinuance or Closure of Educational Programs Accredited by the
Commission and Teach-Out Plans

Web Links: Guidelines for Preparing a Teach-Out Report
<https://coda.ada.org/en/policies-and-guidelines/program-changes>
Electronic Submission Guidelines
<https://coda.ada.org/en/policies-and-guidelines/electronic-submission-guidelines>

cc: Dr. Abby DeBonis, senior director, Dental Department,
[REDACTED]
Dr. Rodica Popescu, director, General Practice Residency Program,
[REDACTED]
Dr. Herman Bounds, director, Accreditation and State Liaison, United States Department of
Education
Mr. Mark R. Pelletier, chief operating officer, Accreditation and Certification Operations,
The Joint Commission
Ms. Amber Treston, executive director, Alaska Board of Dental Examiners
Dr. Bruce E. Rotter, chair, Commission on Dental Accreditation (CODA)
Dr. Sherin Took, director, CODA

VOLUNTARY DISCONTINUANCE OF ACCREDITATION

The Commission may become aware of an accredited program's decision to voluntarily discontinue its participation in the accreditation program when it receives official notification from the sponsoring institution's chief executive officer. When the Commission becomes aware of the program's intent to discontinue accreditation, it takes the following steps:

1. Commission staff verifies that both the program and institution understand the impact of this intended action and informs the institution and program of the specific audiences that will be notified of their decision to let accreditation lapse (the USDE Secretary, the appropriate accrediting agency and state licensing agency). If students/residents who matriculated prior to the program's reported discontinuance effective date are enrolled in any year of the program, the program must submit a Teach-Out Plan until all of these students/residents have graduated. (See Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans)
2. Within ten (10) business days, Commission staff contacts the institution's chief executive officer and program director and acknowledges the date when accreditation will lapse (i.e. program's discontinuance effective date) and the date by which the program will no longer be listed in the Commission's lists of accredited programs (i.e. date of CODA meeting or mail ballot). The USDE Secretary and the state licensing or accrediting agency are copied on this letter. Commission staff will inform the program that any classes enrolled on or after the program's reported date of discontinuance must be advised that they will not graduate from a CODA-accredited program. (See Policy on Discontinuance or Closure of Educational Programs Accredited by the Commission and Teach-Out Plans)
3. At its next meeting, or by mail ballot if waiting until the next meeting would preclude a timely review, the Commission will take action to affirm the program's decision to let accreditation lapse, either through a Discontinuance or Teach-Out (See Other Accreditation Action Definitions). The USDE Secretary and appropriate state licensing or accrediting agency are copied on any follow-up correspondence to the institution/program that may occur after this meeting.

Revised: 2/21; 2/16; 8/15; 7/06, 7/00; Reaffirmed: 8/20; 8/10

POLICY ON DISCONTINUANCE OR CLOSURE OF EDUCATIONAL PROGRAMS ACCREDITED BY THE COMMISSION AND TEACH-OUT PLANS

It is the responsibility of an institution sponsoring an accredited program to report to the Commission any programmatic change that might affect a program's ability to meet accreditation standards.

When an institution is considering discontinuance or closure of a Commission-accredited educational program that currently enrolls students/residents, the Commission must be notified officially in writing as early as possible in the decision making process. Specifically, the Commission must be informed of the institution's plans for the entire Teach-Out period, during which students/residents are enrolled, including a detailed explanation of any significant changes relative to retention of qualified faculty and support personnel, student/resident enrollment by class, the didactic and clinical teaching programs (including curriculum, extramural experiences and facilities), and financial support that will be provided. During the period of Teach-Out, the program may not enroll additional students/residents in any year of the program.

The institution must ensure that the program continues to meet minimum accreditation standards and that students/residents and other interested parties are protected throughout the Teach-Out period. In this regard, the Commission reserves the right to closely monitor the Teach-Out through the annual accreditation survey, or periodic reports from the institution detailing changes in administration, faculty, curriculum, facilities, finances, and other major components that could affect the quality of the educational program. In addition, the Commission reserves the right to conduct a special site visit following review of each of these reports. If a program fails to submit a Teach-Out report or requested monitoring information, the Commission will notify the chief executive officer of the institution of its intent to withdraw accreditation at its next scheduled meeting.

The institution has moral and ethical obligations to meet the commitment and responsibility it assumes when it matriculates students/residents into the program; those obligations include providing the students/residents with the opportunity to complete the educational sequence at that institution. When an institution indicates its intent to close an accredited program or to voluntarily discontinue participation in the Commission's accreditation program, and if there will not be adequate resources for the program to meet its obligations to enrolled students/residents and allow them to complete their training, the institution must assist students/residents in a timely fashion in transferring to other accredited programs in order to complete their educational program. The Commission will assist students/residents in transferring to other accredited programs; this assistance will be provided in the form of guidance with reporting program changes to CODA for review, in cooperation with the institution that sponsors the closing program.

The program to which students/residents transfer should be able to demonstrate that the finances, facilities, faculty, and patient resources can accommodate the transferring students/residents. Any changes in program enrollment that would result from the transfer of students/residents must be reported to the Commission by the receiving program(s) in accordance with the

Dr. Robert Onders

May 2, 2022

Page 5

Commission's policy for reporting program changes. Formal teach-out agreements must be developed with all institutions accepting transferring students/residents to specify the conditions of the transfer. These agreements must ensure that the combined educational experiences meet the Commission's accreditation standards. Such teach-out agreements must be submitted to the Commission as part of the Teach-Out plan.

Students/Residents who are enrolled and successfully complete the program during the Teach-Out will be considered graduates of an accredited program. Students/Residents who transfer to another program and successfully complete that program will be considered graduates of the latter program. Such students/residents will be considered graduates of an accredited program if the latter program is accredited during the time such students/residents are enrolled. It will be the closing institution's responsibility to ensure that appropriate student/resident records and transcripts are maintained for future reference.

The Commission will take action to affirm a program's reported discontinuance or closure effective date at the appropriate time when the program no longer enrolls students/residents in any year of the program. The Commission has developed Guidelines for Submitting Teach-Out Reports by Institutions Discontinuing or Closing Commission-Accredited Educational Programs to assist institutions with preparing teach-out reports for the Commission. These guidelines are routinely distributed along with the Commission's Policy on Discontinuance or Closure of Educational Programs.

Revised: 8/17; 2/16; 8/15; 5/93; Reaffirmed: 8/20; 8/10, 7/07, 07/01, 12/92, 12/85, 12/79

From: [REDACTED]
To: [REDACTED]
Subject: Dental Board Statement on Teeth Gems
Date: Friday, April 15, 2022 2:00:18 PM
Attachments: [image001.png](#)

Hi Abby,

Has the dental board made an official statement on tooth gems?

I'm not really sure how rampant it has gotten in barber and hairdresser shops. But, if the dental board has made an official statement on this service, we would bring it to our board and have them make an official statement that they are in agreement with the Dental Board that this service is only allowed under a licensed dental person.

Would you let me know?

Thanks,

[REDACTED]





Promethean Dental Systems

Ms. Abby O'Brien
Records and Licensing Supervisor
Corporations, Business, and Professional Licensing
DCCED, P.O. Box 110806 M/S 0800
Juneau, AK 99811-0806

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FEB 28 2022

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11 February 2022

Dear Ms. O'Brien,

Please allow me to introduce myself to you and the Alaska State Board of Dental Examiners. I am the Senior Vice President of Promethean Dental Systems. If you don't recognize the company's name, please let me explain to you how we support state boards. In June of 2021, we met with the American Association of Dental Boards (AADB). After some discussions and agreements, we are now the official provider of the Remediate + Program supported by AADB. In addition, we have partnered with SRTA to expand their presence by adding additional locations, objective grading, and convenience for students who are taking their dental (or dental hygiene) licensure exam.

I respectfully request an opportunity to present our programs to your board at the next opportunity that we can do so. Before the meeting, we will send all presentations for your review to provide a higher-level overview and answer questions. We want to be respectful of the board's time.

I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "MaryJane Hanlon, SVP, North America".

Dr. MaryJane Hanlon
SVP, North America
Promethean Dental Systems
1800 Hog Mountain Road
Building 600, Suite #101
Watkinsville, GA 30677

cc: Scot Armstrong, CEO, Promethean Dental Systems

Dr. Mary Jane Hanlon



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Ms. Abby O'Brien

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Task List

Adjourn