OHIO STATE DENTAL BOARD
BOARD MEETING
December 6, 2017

Contents

Attendance .................................................................................................................................................. 1
Call to Order ............................................................................................................................................... 1
Board Business ......................................................................................................................................... 1
   Introduction of Board Members ........................................................................................................... 1
   Approval of Agenda ................................................................................................................................. 2
   Review of Board Meeting Minutes ........................................................................................................ 2
      November 8, 2017 Meeting .................................................................................................................. 2
   Public Comment/Presentations/Correspondence ..................................................................................... 2
      Presentations – Mark T. Armstrong, D.D.S. Treasurer, Commission on Dental Competency Assessments ...... 2
      Correspondence – The Ohio State University College of Dentistry, Dean Patrick Lloyd ......................... 2
      Correspondence – American Association of Orthodontists, Sean Murphy, Associate General Counsel ....... 3
   Action Items ............................................................................................................................................ 3
      Supervisory Investigative Panel Expense Report .................................................................................. 3
   Enforcement .......................................................................................................................................... 3
      Personal Appearances ........................................................................................................................... 3
         Gina Thornberry, R.D.H. .................................................................................................................... 3
      Executive Session ................................................................................................................................. 5
      Open Session ...................................................................................................................................... 5
      Decision in the Matter of Gina Thornberry, R.D.H. ............................................................................. 5
   Proposed Motions .................................................................................................................................. 6
      Khaldoun Attar, D.D.S. .......................................................................................................................... 6
   Proposed Notice(s) of Opportunity for Hearing ..................................................................................... 6
      Disciplinary ....................................................................................................................................... 6
   Enforcement Update ............................................................................................................................... 6
   Closed Cases ........................................................................................................................................ 6
Licensure..............................................................................................................................................7
Dentist(s) – (7) ........................................................................................................................................7
Dental Hygienist(s) – (2) ..........................................................................................................................7
Dental Assistant Radiographer(s) – (143)..................................................................................................8
Limited Resident’s – (2) ..........................................................................................................................9
Coronal Polishing – (7) ..........................................................................................................................9
Expanded Function Dental Auxiliary – (1) .............................................................................................9
General Anesthesia/Conscious Sedation Permit(s) ..............................................................................10
General Anesthesia ..............................................................................................................................10
Conscious Sedation ..............................................................................................................................10
Executive Session ...............................................................................................................................10
Open Session ..........................................................................................................................................10
Committee Reports ...............................................................................................................................11
Ad Hoc ..................................................................................................................................................11
Education ...............................................................................................................................................11
Practicum Education ............................................................................................................................11
Update Jurisprudence Examinations for Dentists and Dental Hygienists ...........................................11
Discussion on Biennial Sponsors ........................................................................................................11
Review of Application(s) ....................................................................................................................12
2017-2018 Strategic Priorities and Key Action Items ........................................................................12
Law and Rules Review ........................................................................................................................12
Creation of Anesthesia Sub-Committee ...............................................................................................12
Omnibus Bill .........................................................................................................................................12
Specialty Designation – Public Survey .................................................................................................12
H.B. 184 – Teledentistry Bill ..............................................................................................................13
Ohio Automated Rx Reporting System – Ohio Board of Pharmacy Reports ....................................13
Operations ..............................................................................................................................................13
Policy ....................................................................................................................................................13
Approval of Policies ............................................................................................................................13
New Policies for Review ......................................................................................................................14
Scope of Practice................................................................................................................................15
Scope of Practice - Phlebotomy ............................................................................................................15
Executive Updates ...............................................................................................................................15
President’s Update ..............................................................................................................................15
Ohio State Dental Board
Board Meeting
December 6, 2017

Attendance
The Ohio State Dental Board (Board) met in Room 1960, of The Vern Riffe Center for Government and the Arts, 77 South High Street, 19th Floor, Columbus, Ohio on December 6, 2017. Board members present were:

Ashok Das, D.D.S., Vice President
Patricia Guttman, D.D.S., Secretary
Kumar Subramanian, D.D.S., Vice Secretary
Bill Anderson, D.D.S.
Theodore Bauer, D.D.S.

Michael Ginder, D.D.S.
Burton Job, D.D.S.
Susan Johnston, R.D.H.
Jamillee Krob, R.D.H.
Andrew Zucker, D.D.S.

Constance Clark, R.D.H., President and Ms. Ann Aquillo, the Board’s Public Member were not in attendance at the meeting.

The following guests were also in attendance: Katherine Bockbrader, Esq. of the Ohio Attorney General’s Office; Nathan DeLong, Esq. and Henry Fields, D.D.S. of the Ohio Dental Association (ODA); Mark Wenzel, D.D.S. of the ODA Dentists Concerned for Dentists Program; Mark Armstrong, D.D.S. of the Commission on Dental Competency Assessments; Harry Kamdar, M.B.A., Executive Director, Steve Kochheiser, Esq., Deputy Director, Zachary Russell, Legislative and Communications Coordinator, Barb Yehnert, and Kathy Carson, Dental Board Enforcement Officers, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order
Executive Director Harry Kamdar introduced himself and explained that he was substituting for the Board President, Constance Clark, R.D.H., who was unable to attend due to severe illness. After extending greetings to everyone, Director Kamdar noted that there was a quorum present and called the meeting to order at approximately 1:00 p.m.

Board Business
Introduction of Board Members
Director Kamdar then introduced the rest of the Board members consisting of Dr. Ashok Das, the Board’s Vice President and a general dentist from Mason, Dr. Patricia Guttman, the Board’s Secretary and a general dentist from Columbus, Dr. Kumar Subramanian, the Vice Secretary and an Endodontist from Upper Arlington, Bill Anderson, D.D.S., a general dentist from Findlay, Theodore Bauer, D.D.S., a general dentist from Upper Arlington, Dr. Michael Ginder, a general dentist from Athens, Dr. Burton Job, an Oral and Maxillofacial Surgeon from Akron, Ms. Susan Johnston, a dental hygienist from Columbus, Dr. Jamillee Krob, a dental hygienist from Canton, and Dr. Andrew Zucker, a general dentist from Sandusky.
Director Kamdar stated that Ms. Ann Aquillo, the Board’s Public member from Powell, was also unable to attend the meeting due to a schedule conflict.

Approval of Agenda
Director Kamdar stated that President Clark had previously reviewed the agenda for the day and asked if there was a motion to approve the agenda with the caveat to amend the agenda due to any extenuating circumstances.

Motion by Dr. Subramanian, second by Dr. Das, to approve the December 6, 2017 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes
November 8, 2017 Meeting
Director Kamdar informed everyone that the draft Minutes from the November 8, 2017 meeting had been forwarded to the Board members for review prior to the meeting and asked if there was a motion in regards to the Minutes from the November 8, 2017 meeting.

Motion by Ms. Johnston, second by Dr. Krob, to approve the November 8, 2017 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence
Presentations – Mark T. Armstrong, D.D.S., Treasurer, Commission on Dental Competency Assessments
Director Kamdar introduced Mark Armstrong, D.D.S. a former Board Member and current Treasurer of the Commission on Dental Competency Assessments to provide the Board with a comparison of the licensing examinations that are currently accepted in Ohio [Appendix A]. A brief question and answer session followed Dr. Armstrong’s presentation wherein Dr. Armstrong informed the members that New Hampshire and Connecticut have decertified the Western Regional Examining Board (WREB) as it no longer requires the candidate to be examined in anterior procedures. He commented that anterior and posterior are completely different procedures. Dr. Armstrong informed the Board that WREB no longer requires the candidate to remediate prior to a second attempt at some procedures. When asked about prior unethical practices of offering payment to patients to show up for the examination, Dr. Armstrong stated that the CDCA has made attempts to correct this problem with the Patient Centered Curriculum Integrated Format (PCCIF) and the Curriculum Integrated Format (CIF) examinations.

Director Kamdar thanked Dr. Armstrong for his informative presentation.

Director Kamdar stated that the next speaker, Dr. Frank Recker, had informed the Board late yesterday that he would be unable to attend the meeting today due to a last minute scheduling conflict. He stated that they would be inviting Dr. Recker to present at a future meeting.

Correspondence – The Ohio State University College of Dentistry, Dean Patrick Lloyd
Director Kamdar indicated that the Board had received a letter from Dean Patrick Lloyd of The Ohio State University College of Dentistry [Appendix B]. The letter was in reference to the presentation and training provided by Dr. Subramanian who presented on The Opioid Epidemic in Ohio and OARRS. Dean Lloyd expressed his
appreciation and recognized Dr. Subramanian’s outstanding presentation. Director Kamdar congratulated Dr. Subramanian on the recognition and in representing the Board in this regard.

Correspondence – American Association of Orthodontists, Sean Murphy, Associate General Counsel
Director Kamdar indicated that the Board had received correspondence from Sean Murphy, Associate General Counsel for the American Association of Orthodontists [Appendix C] which he was passing on to the members for general information purposes.

Action Items
Supervisory Investigative Panel Expense Report
Director Kamdar asked if Dr. Guttman and Dr. Subramanian, the Board’s Secretary and Vice Secretary, attested to having each spent at least twenty (20) hours per week attending to Board business. Both Secretaries affirmed they had spent the hours attending to Board business.

Motion by Dr. Anderson, second by Dr. Ginder, to approve the Supervisory Investigative Panel Expense report.
Motion carried with Dr. Guttman and Dr. Subramanian abstaining.

Enforcement
Personal Appearances
Gina Thornberry, R.D.H.
Ms. Yehnert introduced Gina Thornberry to the Board and explained that this was Ms. Thornberry’s first appearance before them on her fifth consent agreement with the Board. She provided the members with a detailed summary on Ms. Thornberry’s history with the Board. Ms. Thornberry received her first Notice of Opportunity in September 1999 as a result of pleading guilty to several counts of illegal possession of drug documents, felonies of the fourth degree and deception to obtain dangerous drugs a felony of the fifth degree. Ms. Thornberry also failed to notify the Board of the address of her employment. She signed her first impairment agreement in June 2000.

Ms. Yehnert said that Ms. Thornberry received her second Notice of Opportunity for Hearing in September 2007, as a result of violating the June 2000 consent agreement. Ms. Thornberry’s violation was refusing to have an observed drug screen upon request of the laboratory due to suspicion of donor urine being brought to the facility by Ms. Thornberry. From October 5, 2007 through November 18, 2007 Ms. Thornberry’s license to practice dental hygiene was suspended for 45 days. In November 2007, Ms. Thornberry admitted to the allegations of the 2007 hearing and agreed that any future noncompliance with random screens would be considered a positive result and her license would immediately be suspended.

Ms. Thornberry received her third Notice of Opportunity for Hearing as a result of violating her second consent agreement with the Board. Ms. Thornberry had plead guilty to receiving stolen property, a felony of the fourth degree and signed her third impairment consent agreement in December 2010. In December 2011 Ms. Thornberry allowed her dental hygiene license to expire resulting in a violation of her third consent agreement. This resulted in a fourth impairment consent agreement which Ms. Thornberry signed in August 2012 and it superseded the December 2010 impairment consent agreement. On January 1, 2013, Ms. Thornberry’s license to practice dental hygiene was fully restored.

In August 2016, Ms. Thornberry was charged in Cuyahoga County Courts with Burglary, a felony of the fourth degree and drug-related charges. Ms. Thornberry was incarcerated from June 9, 2016, through July 26, 2016. She
pleaded guilty, was ordered into the court’s drug treatment program, and placed on probation. Ms. Thornberry completed probation in Cuyahoga County on September 27, 2017. Ms. Thornberry entered into her fifth and current impairment consent agreement with the Board in November 2016. Ms. Yehnert said it should be noted that the court’s drug treatment program did not meet the Board’s requirements for residential treatment as it did not have a minimum 28-day residential treatment and therefore, Ms. Thornberry entered Glenbeigh on January 3, 2017 and was discharged February 1, 2017. Ms. Thornberry registered with Ohio Physicians Health Program (OPHP) in August 2017 but has not begun screening, Ms. Thornberry elected to postpone required screens until her license is reinstated.

Ms. Yehnert concluded her summary by stating that Ms. Thornberry is compliant with the terms of her current impairment consent agreement with the Board and is before them today to request reinstatement of her license to practice dental hygiene with work privileges.

Ms. Thornberry commented that in listening to Ms. Yehnert’s summary, it all seemed overwhelming. She informed the members that she is an opiate addict in recovery, who has had struggles but always chosen to stay sober as long as she has been given a second chance. She stated it is a hard addiction to beat and believes her relapse was due to becoming complacent and not remaining active in keeping up with the recovery program she has chosen, Alcoholics Anonymous (AA). She informed the members that this time she has done everything different and remains 18 months sober today. She said it has been a struggle and the addiction struggle is real, but thanked them for giving her the opportunity to come and speak to them.

Upon questioning by Ms. Johnston, Ms. Thornberry indicated that she had chosen not to be drug tested by OPHP at this time because she has been drug tested during treatment and aftercare of which she still has three to four (3-4) months of aftercare remaining. She stated that the drug testing is expensive and did not see the need to be tested by OPHP during the same timeframe. Dr. Bauer inquired as to her comments on second chances, Ms. Thornberry stated that she has had more than one, but that the opioid epidemic in Ohio is very real with real struggles for those that are addicted. She said that she has put a lot of work and effort into saving her own life and she will take as many chances as people are willing to give her.

Dr. Job commented that the Board has been very forgiving in that this was her fifth impairment consent agreement with the Board and questioned how long it would be before the sixth agreement. He questioned the risk to the public that the Board was taking to reinstate her license to practice and then asked if she had employment should she be reinstated and if she had ever considered another profession other than dental hygiene. Ms. Thornberry indicated that she already has a job waiting as a dental hygienist and had not considered another profession.

Dr. Zucker inquired as to what caused her relapses and what changes she was making to remain in recovery. Ms. Thornberry stated that she reflects every day on her addiction, that she has to or she will not be able to work. She stated that may seem elementary for some but for her it is not.

Dr. Krob asked Ms. Thornberry if she had a support system in place to help her in her recovery. Ms. Thornberry said that she attends four (4) meetings per week, has a sponsor that she speaks with on a weekly basis, and has her 12-step program. She stated this time she is doing everything she is supposed to including a sober support system. She said that she is happy this time where previously she was not.

Director Kamdar thanked Ms. Thornberry for sharing with the Board and then asked her to remain as they would be discussing her request during the Executive Session.
Executive Session

Motion by Dr. Krob, second by Dr. Anderson, to move the Board into executive session to consider the investigation of charges or complaints against a licensee pursuant to Section 121.22(G)(1) of the Ohio Revised Code.

Roll call vote: Dr. Anderson – Yes
Dr. Bauer – Yes
Dr. Das - Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Dr. Job – Yes
Ms. Johnston – Yes
Dr. Krob – Yes
Dr. Subramanian – Yes
Dr. Zucker – Yes

Motion carried unanimously.

Director Kamdar indicated that he would attend the executive session and then requested Mr. Kochheiser and Ms. Bockbrader to attend also.

Open Session
The Board resumed open session at 2:21 p.m. and Director Kamdar noted for the record that Dr. Guttman and Dr. Subramanian had not attended the executive session and, therefore, were not present during the deliberations in these matters.

Decision in the Matter of Gina Thornberry, R.D.H.

Motion by Dr. Zucker, second by Dr. Bauer, to reinstatement the license of Gina Thornberry, R.D.H. to practice dental hygiene for no more than twenty (20) hours per week for the duration of her probationary period set forth in her impairment consent agreement and to remain in full compliance with the terms of consent agreement with the Board.

Discussion followed wherein Dr. Job stated that the point he wanted to stress to Ms. Thornberry so that she has no misconception was that in his opinion in listening to the discussions during executive session was that if this Board had total control, then she would not be getting her license to practice dental hygiene back. However, because of the fact that her consent agreement was drafted and approved by a previous Board, this Board feels a moral obligation to stand behind their commitment to her. Dr. Job stated that likewise they also want to make sure that she is aware that there will not be a sixth impairment consent agreement. He commented that this is the end of the line in terms of chances, that she is going to be followed very closely, and that one slip up and she be looking for another line of work because she will not be permitted back in dental hygiene again. Dr. Job stated that assuming the vote goes the way he anticipated, this Board would be giving her the opportunity to return to her previous occupation. He stated that the Board wishes her the very best and hopes that they are wrong in their concerns.

Motion carried with Dr. Anderson and Ms. Johnston opposed and Dr. Guttman and Dr. Subramanian abstaining.
Director Kamdar then turned the meeting over to Deputy Director Kochheiser to present the Enforcement matters before the Board for December.

**Proposed Motions**

Deputy Director Kochheiser indicated that the first enforcement matter before the Board was a request to withdraw a Notice of Opportunity for Hearing that was issued to Khaldoun Attar, D.D.S... The Board had intended to discipline Dr. Attar’s license for infection control violations but Dr. Attar provided additional evidence to the Board’s Assistant Attorney General and Supervisory Investigative Panel who subsequently determined there was no further need for a hearing.

**Khaldoun Attar, D.D.S.**

*Motion by Dr. Job, second by Dr. Krob,* to withdraw the Notice of Opportunity for Hearing that was issued to Dr. Khaldoun Attar, D.D.S.

Motion carried with Dr. Subramanian and Dr. Guttman abstaining.

**Proposed Notice(s) of Opportunity for Hearing**

The Board reviewed one (1) proposed Notice of Opportunity for Hearing. The name of the individual/licensee was not included in the document reviewed by the Board. The name of the individual/licensee has been added to the minutes for public notice purposes. Mr. Kochheiser provided a brief summary of any charges and the proposed orders.

**Disciplinary**

**Sabrina E. Mickel, D.D.S.**

*Motion by Ms. Johnston, second by Dr. Ginder,* to approve the proposed consent agreement for Sabrina E. Mickel, D.D.S., license number 30.019421, and case number 17-18-1397.

Motion carried with Dr. Guttman and Dr. Subramanian abstaining.

**Enforcement Update**

Deputy Director Kochheiser began the Enforcement Update by informing the Board that there were originally three (3) cases pending hearings of which one (1), Dr. Attar, had been withdrawn. He stated that there are two (2) cases awaiting a Hearing Examiners Report and Recommendation and the members and that both cases would be ready for their review and consideration at the February 2018 meeting. He stated that there were fifty-two (52) licensees and certificate holders under suspension, and one hundred and twenty-nine (129) active cases. Mr. Kochheiser said that there no new referrals and two (2) licensees actively participating in QUIP. He informed the members that there were thirty (30) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with one (1) warning letter having been issued. Mr. Kochheiser noted that there are twenty-seven (27) licensees currently on probation. He indicated that there are fifty-three (53) cases that have been open for longer than 90 days and that the detail of the categories of the cases and a brief explanation as to why they have been open longer than 90 days has been provided in the charts in the Board Notebooks.

**Closed Cases**

Due to the requirement in Chapter 4715.03(B) of the Ohio Revised Code, that “A concurrence of a majority of the members of the board shall be required to... ...(6) Dismiss any complaint filed with the board.”, Director Kamdar reviewed the cases to be closed with the Board.
The following cases are to be closed:

- 17-09-1340
- 17-12-1172
- 17-18-1329
- 17-18-1339
- 17-18-1345
- 17-18-1346
- 17-18-1356 - WL
- 17-18-1357
- 17-23-1350
- 17-28-1150
- 17-31-1336
- 17-31-1349
- 17-31-1353
- 17-47-1123
- 17-47-1321
- 17-48-1312
- 17-50-1332
- 17-52-1147
- 17-52-1184
- 17-52-1219
- 17-52-1220
- 17-57-1327
- 17-71-1284
- 17-76-1236
- 17-76-1347
- 17-76-1352
- 17-77-1274
- 17-83-1131
- 17-85-1322

Prior to the vote to close the above listed cases, Director Kamdar inquired as to whether any of the Board members had any personal knowledge that the cases that were being voted on today involved either themselves or a personal friend.

Roll call:

- Dr. Anderson – No
- Dr. Bauer – No
- Dr. Das – No
- Dr. Ginder – No
- Dr. Guttman – No
- Dr. Job – No
- Ms. Johnston – No
- Dr. Krob – No
- Dr. Subramanian – No
- Dr. Zucker – No

Director Kamdar then called for a motion to close the cases.

*Motion by Ms. Johnston, second by Dr. Anderson, to close the above thirty (30) cases.*

Motion carried unanimously.

Director Kamdar thanked Deputy Director Kochheiser for providing the Enforcement Report and Update and took a moment to thank the SIP, Assistant Attorney General Katherine Bockbrader, and the investigators for all their hard work this year.

**Licensure**

Samantha Slater, Licensing Manager, had prepared a report of the licenses, certificates, and registrations issued since the previous Board meeting in November.

**Dentist(s) – (7)**

<table>
<thead>
<tr>
<th>License Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.025271</td>
<td>Elizabeth Goebel</td>
</tr>
<tr>
<td>30.025272</td>
<td>Juan Troconis</td>
</tr>
<tr>
<td>30.025273</td>
<td>Heather Lucas</td>
</tr>
<tr>
<td>30.025274</td>
<td>Michael Merkley</td>
</tr>
<tr>
<td>30.025275</td>
<td>Joseph Zaino</td>
</tr>
<tr>
<td>30.025276</td>
<td>Al-Harith Shalash</td>
</tr>
<tr>
<td>30.025277</td>
<td>Barry Quinn</td>
</tr>
</tbody>
</table>

**Dental Hygienist(s) – (2)**

<table>
<thead>
<tr>
<th>License Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.015614</td>
<td>Kayla Hitchcock</td>
</tr>
<tr>
<td>31.015615</td>
<td>Sarah Roy</td>
</tr>
</tbody>
</table>
### Dental Assistant Radiographer(s) – (143)

<table>
<thead>
<tr>
<th>License Number</th>
<th>Name</th>
<th>License Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>51.032408</td>
<td>Skylar Stowe</td>
<td>51.032439</td>
<td>Kayla Baker</td>
</tr>
<tr>
<td>51.032413</td>
<td>Brittany Mariotti</td>
<td>51.032443</td>
<td>Kaitlyn Wright</td>
</tr>
<tr>
<td>51.032398</td>
<td>Chandra Rijal</td>
<td>51.032446</td>
<td>Alyssa Chapman</td>
</tr>
<tr>
<td>51.032400</td>
<td>Angie Arredondo Cazares</td>
<td>51.032447</td>
<td>Samantha Shepherd</td>
</tr>
<tr>
<td>51.032407</td>
<td>Vicki Robbins</td>
<td>51.032440</td>
<td>Angelica Page</td>
</tr>
<tr>
<td>51.032403</td>
<td>Dena Witmer</td>
<td>51.032445</td>
<td>Jordan Parent</td>
</tr>
<tr>
<td>51.032399</td>
<td>Jennifer Emerson</td>
<td>51.032461</td>
<td>Kylie Baker</td>
</tr>
<tr>
<td>51.032411</td>
<td>Chelsie Kegley</td>
<td>51.032462</td>
<td>Chardia Sanders</td>
</tr>
<tr>
<td>51.032406</td>
<td>Randi Cross</td>
<td>51.032458</td>
<td>Raygen Robles</td>
</tr>
<tr>
<td>51.032412</td>
<td>Aleesa Leonhardt</td>
<td>51.032451</td>
<td>Joyleen Gooden</td>
</tr>
<tr>
<td>51.032404</td>
<td>Sheena Briggs</td>
<td>51.032460</td>
<td>Jenna Hague</td>
</tr>
<tr>
<td>51.032410</td>
<td>Delphine Tarpley</td>
<td>51.032450</td>
<td>Mikara Elmore</td>
</tr>
<tr>
<td>51.032402</td>
<td>Kayla Johnson</td>
<td>51.032448</td>
<td>Mackenzie Cass</td>
</tr>
<tr>
<td>51.032405</td>
<td>Leshondra Dancy</td>
<td>51.032452</td>
<td>Kennedy Miller</td>
</tr>
<tr>
<td>51.032409</td>
<td>Jacqueline Hurst</td>
<td>51.032455</td>
<td>Cynthia Cass</td>
</tr>
<tr>
<td>51.032401</td>
<td>Scottie Williams</td>
<td>51.032449</td>
<td>Taylor Gullette</td>
</tr>
<tr>
<td>51.032418</td>
<td>Kaitlynn Steele</td>
<td>51.032454</td>
<td>Alana Dawson</td>
</tr>
<tr>
<td>51.032419</td>
<td>Eric Miranda</td>
<td>51.032453</td>
<td>Shaday Haynes</td>
</tr>
<tr>
<td>51.032420</td>
<td>Cassie Tabellion</td>
<td>51.032456</td>
<td>Bryanna Crowder</td>
</tr>
<tr>
<td>51.032417</td>
<td>Leslie Casteel</td>
<td>51.032457</td>
<td>Praise Roberson</td>
</tr>
<tr>
<td>51.032416</td>
<td>Rebecca Miller</td>
<td>51.032459</td>
<td>Nicole Meyer</td>
</tr>
<tr>
<td>51.032415</td>
<td>Kateri Voit</td>
<td>51.032464</td>
<td>Charanna Caldwell</td>
</tr>
<tr>
<td>51.032421</td>
<td>Gina Depolo</td>
<td>51.032463</td>
<td>Tiahe Sawyer</td>
</tr>
<tr>
<td>51.032422</td>
<td>Karen Norris</td>
<td>51.032465</td>
<td>Odaly Flores</td>
</tr>
<tr>
<td>51.032414</td>
<td>Tina Cntrrell</td>
<td>51.032466</td>
<td>Keli McMillan</td>
</tr>
<tr>
<td>51.032423</td>
<td>Karla Render Higgins</td>
<td>51.032467</td>
<td>Jenny Nieto-Guerrero</td>
</tr>
<tr>
<td>51.032425</td>
<td>Taylor Leeders</td>
<td>51.032468</td>
<td>Marie Float</td>
</tr>
<tr>
<td>51.032427</td>
<td>Kendra Lyons</td>
<td>51.032469</td>
<td>Cortnee Gilliam</td>
</tr>
<tr>
<td>51.032429</td>
<td>Samantha Yokeley</td>
<td>51.032470</td>
<td>Haeli Siemer</td>
</tr>
<tr>
<td>51.032424</td>
<td>Breyonna Maloy</td>
<td>51.032475</td>
<td>Hema Gomathy Sathish Kumar</td>
</tr>
<tr>
<td>51.032426</td>
<td>Kayla Collins</td>
<td>51.032471</td>
<td>Emiya Aytch</td>
</tr>
<tr>
<td>51.032428</td>
<td>Iman Attar</td>
<td>51.032472</td>
<td>Ixchel Gonzalez</td>
</tr>
<tr>
<td>51.032432</td>
<td>Samantha Vannatta</td>
<td>51.032473</td>
<td>Destiny Tone</td>
</tr>
<tr>
<td>51.032430</td>
<td>Jariekah Sayers</td>
<td>51.032476</td>
<td>Kierstyn Lucas</td>
</tr>
<tr>
<td>51.032431</td>
<td>Haile Perry</td>
<td>51.032474</td>
<td>Bhavya Sahaya</td>
</tr>
<tr>
<td>51.032433</td>
<td>Kearston Kelso</td>
<td>51.032477</td>
<td>Sara Marcum</td>
</tr>
<tr>
<td>51.032434</td>
<td>Alexis Smith</td>
<td>51.032478</td>
<td>Tantiara Cole</td>
</tr>
<tr>
<td>51.032437</td>
<td>Mariama Wright</td>
<td>51.032479</td>
<td>A'bryanna Smith</td>
</tr>
<tr>
<td>51.032441</td>
<td>Jessica Holland</td>
<td>51.032480</td>
<td>Jakelyn Melendez</td>
</tr>
<tr>
<td>51.032435</td>
<td>Anita Mcelya</td>
<td>51.032481</td>
<td>Destinee Gaston</td>
</tr>
<tr>
<td>51.032436</td>
<td>Crystal Lyons</td>
<td>51.032482</td>
<td>Najee Denson</td>
</tr>
<tr>
<td>51.032442</td>
<td>McKenna Drake</td>
<td>51.032483</td>
<td>Terranae Crooks</td>
</tr>
<tr>
<td>51.032444</td>
<td>Jazmin Sloan</td>
<td>51.032484</td>
<td>Dazzmine Releford</td>
</tr>
<tr>
<td>51.032438</td>
<td>Ashley Gibbs</td>
<td>51.032485</td>
<td>Emily Ladnier</td>
</tr>
<tr>
<td>License Number</td>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032486</td>
<td>Alexis Pfau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032487</td>
<td>Astevan Kamal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032488</td>
<td>Brittan Huth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032490</td>
<td>Kirsten Fenton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032489</td>
<td>Kirsten Stemen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032491</td>
<td>Rachael Huber</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032512</td>
<td>Bethann Callahan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032492</td>
<td>Lillian Flowers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032511</td>
<td>Amberly Nickson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032493</td>
<td>Laken Cook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032494</td>
<td>Summer Ardetto</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032497</td>
<td>Jessica Jones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032498</td>
<td>Alyssa Sayre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032499</td>
<td>Ashley Smallwood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032500</td>
<td>Kathryn Kreager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032501</td>
<td>Doug'ashia Evans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032502</td>
<td>Vanity Hailey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032503</td>
<td>Mya Sciortino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032504</td>
<td>Bailey Murphy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032505</td>
<td>Randi Weisgarber</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032506</td>
<td>Amber Mcfarland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032507</td>
<td>Olivia Buckner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032508</td>
<td>Kaylee Sturgill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032509</td>
<td>Amy Rosati</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032510</td>
<td>La'kesha Still</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51.032515</td>
<td>Katherine Moreland</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Limited Resident’s – (2)

RES.003923  Michael Rechtin

Coronal Polishing – (7)

CP.001849  Darian Lock  CP.001853  Cierra Harmon
CP.001850  Natasha Toddywalla  CP.001854  Danielle M Lynn
CP.001851  Samantha Gretten  CP.001855  Patricia Upchurch
CP.001852  Tara Dorner

Expanded Function Dental Auxiliary – (1)

EFDA.002765  Scot Lucas

Motion by Dr. Krob, second by Dr. Subramanian, to approve all licenses, certifications, and registrations as listed that have been issued since the November Board meeting.

Motion carried unanimously.
General Anesthesia/Conscious Sedation Permit(s)
Director Kamdar stated that the Board’s Anesthesia Consultant had vetted the following individuals who have applied for General Anesthesia and Conscious Sedation Permits, evaluations have been conducted, and the applicants are recommended to receive Permits for the specified modality.

General Anesthesia
Christopher Beale, D.D.S., Mansfield, Ohio
Atul Deshmukh, D.D.S., Beavercreek, Ohio
Sean Lyndsey, D.D.S., Columbus, Ohio

Conscious Sedation
Alexandra McComb, D.D.S., Toledo, Ohio – Intravenous

Motion by Dr. Anderson, second by Dr. Subramanian, to grant permits to the licensees for General Anesthesia and Conscious Sedation in the appropriate modality as listed.

Motion carried unanimously.

Executive Session
Motion by Dr. Zucker, second by Ms. Johnston, to move the Board into executive session pursuant to Ohio Revised Code Section 121.22 (G)(3) to confer with Board counsel regarding a pending or imminent court action.

Roll call vote:
Dr. Anderson – Yes
Dr. Bauer – Yes
Dr. Das – Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Dr. Job – Yes
Ms. Johnston – Yes
Dr. Krob - Yes
Dr. Subramanian – Yes
Dr. Zucker – Yes

Motion carried unanimously.

Director Kamdar indicated that he would attend the executive session and then requested Mr. Kochheiser and Ms. Bockbrader to attend also. He then requested all other guests and staff to leave the meeting and to take all personal items, including briefcases, purses, cell phones, tablets, etc. with them when exiting the room. He stated that they would be invited back in upon conclusion of the Executive Session.

Open Session
At 2:43 p.m. the Board resumed open session. Director Kamdar indicated that the Board would take a five minute recess prior to resuming the agenda.
Committee Reports

Ad Hoc

Dr. Das stated that the Ad Hoc Committee had met that morning and he was pleased to report that they have completed their final review of the proposed new Disciplinary Guidelines [Appendix D]. He said that this has been under review for a couple of years, and he wished to recognize the efforts of those involved; former Board President Marybeth Shaffer, D.D.S., Dr. Martin Chambers, Dr. Guttman, Dr. Subramanian, along with himself and many other people involved along the way. He informed the members that this is the first time the document has been revised in approximately 19 years. Dr. Das indicated that the members have received the final version for consideration of approval this afternoon.

*Motion by Dr. Das out of Committee to approve the new Disciplinary Guidelines as presented.*

Motion approved unanimously.

*Motion by Dr. Subramanian, second by Ms. Johnston, to approve the Ad Hoc Committee report as presented.*

Motion carried unanimously

Education

Practicum Education

Director Kamdar requested Dr. Krob to provide the report on the activities of the Education Committee that day since she had chaired the Committee in President Clark’s absence. Dr. Krob stated that that the Committee had met at 8:20 a.m. that morning in Room 1924 and began the meeting with a brief discussion on practicum continuing education. She stated that Ms. Franks had provided the members with a brief report on the revised process for practicum education submission and approval for issuance of a Limited Continuing Education License. She stated that the process will remain in the administrative capacity of the Board executive office with a form created for submission of practicum education to meet the guidelines in the Dental Practice Act prior to submission by an out-of-state applicant for a limited license.

Update Jurisprudence Examinations for Dentists and Dental Hygienists

Dr. Krob stated that she and Dr. Subramanian would be updating the jurisprudence examinations for both the dentists and the dental hygienists, one of the 2017-2018 Strategic Priorities and Key Action Items. She indicated that they would have drafts of the examination prepared for the February meeting since most of the schools begin instruction on Ohio laws during the next semester.

Discussion on Biennial Sponsors

Dr. Krob stated that the Committee briefly talked about the process of approving Biennial Sponsors and Board responsibility and liability. She indicated that members had expressed concerns about eliminating this process because the feeling is that approved study clubs provide this to licensees in areas of the state where continuing education is not readily available. Dr. Krob stated that the members have been directed to other state dental boards to see how they are providing this service to licensees. She stated that the members also quickly touched on the topic of acceptable continuing education content during this discussion.
Review of Application(s)
Dr. Krob stated that the Committee had reviewed ten (10) Biennial Sponsor and Biennial Sponsor Renewal Applications for consideration of approval. She indicated that the Committee recommended approval for Biennial Sponsorship of continuing education for the following:

Nelson R. Diers, D.D.S., M.S.D.
Falls Oral Surgery and Dental Implant Center
Greater Ohio Dental Hygienists’ Society
Hillcrest Dental Study Club
Bryan Osterday, D.D.S.
Periogenius, L.L.C.
Fred O. Sakamoto, D.D.S.
Southwest Ohio Study Club
West Shore Study Club

2017-2018 Strategic Priorities and Key Action Items
Dr. Krob stated that they had also taken a brief look at the Strategic Priorities and Key Action Items that have been assigned to the Committee and Dr. Subramanian had recommended advancing consideration of adding mandatory continuing education in drug abuse as the number one priority for the Committee.

Director Kamdar suggested that they hold off on any motion in that regard due to the possibility of the composition of the Committee changing with the election of officers later in the meeting.

Motion by Ms. Johnston, second by Dr. Anderson, to approve the Education Committee report and the recommendations for applications as presented.

Motion carried unanimously.

Law and Rules Review
Creation of Anesthesia Sub-Committee
Dr. Subramanian stated that the Law and Rules Review Committee had met that morning at 11:05 a.m. with President Clark and Ms. Aquillo absent. He stated that the first order of business for the Committee was creation of an Anesthesia Sub-Committee comprised of Deputy Director Kochheiser and a group of dentists and specialists to revise and update the rules on anesthesia and sedation. The Sub-Committee will meet in January and/or February to draft proposed new guidelines and rules for Board review in February.

Omnibus Bill
Dr. Subramanian stated that the omnibus bill project has been turned over to Mr. Kochheiser to pursue on behalf of the Board to address archaic law and rules that reflect old statutory language. He said that it is the hope that Mr. Kochheiser will have an omnibus bill prepared to present to the legislature sometime next year.

Specialty Designation – Public Survey
Dr. Subramanian stated that a representative from Measurement Resources Company (MRC) had attended the Committee meeting to speak to the members regarding the survey of the public perception of their definition of “specialty” or “specialist”. He was requesting Board approval for MRC to move forward with this survey.
Motion by Dr. Krob, second by Dr. Ginder, to approve Measurement Resources Company to provide the survey of the public in regards to specialties.

Motion carried unanimously.

H.B. 184 – Teledentistry Bill
Dr. Subramanian informed the members that the Committee had a lively discussion on H.B. 184 regarding teledentistry, specifically regarding the use of silver diamine fluoride (SDF) application by expanded function dental auxiliary. He clarified that the Board does not advocate or oppose H.B. 184 and indicated that the Scope of Practice Committee is in the process of developing guidelines or recommendations for the use of SDF in dental practices.

Ohio Automated Rx Reporting System – Ohio Board of Pharmacy Reports
Dr. Subramanian informed the Board that they have not received any OARRS non-compliance reports from the Ohio Board of Pharmacy (Pharmacy Board) in the past 8-10 months due to the OARRS upgrade but we are hoping to begin receiving them again by the end of the year. He stated that there are a few cases before the Board that are showing as pending that may be closed or have action taken on them once the Pharmacy Board begins providing accurate data again.

Motion by Dr. Anderson, second by Ms. Johnston, to approve the Law and Rules Review Committee Report as presented.

Motion carried unanimously.

Operations
Director Kamdar stated that the Operations Committee had not met that day.

Policy
Approval of Policies
Ms. Johnston informed the Board members that there were seven (7) policies that had been previously reviewed and approved by the Policy Committee and placed out on the Board member web portal for their review and consideration. She stated that she had not received any comments, recommendations, or suggested changes from any of her fellow Board members regarding these policies. Therefore, Ms. Johnston was asking the members to consider approving the policies individually.

Ms. Johnston then briefly reviewed and explained each of the seven (7) policies for the Board members.

A-501: Policy Regarding Oral Conscious Sedation

Motion by Ms. Johnston, second by Dr. Job to approve policy A-501: Policy Regarding Oral Conscious Sedation (Appendix E).

Motion carried unanimously.

B-511 – Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation by Dental Hygienists

Motion by Ms. Johnston, second by Dr. Subramanian to approve policy B-511: Policy Regarding the Monitoring of Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation by Dental Hygienists (Appendix F).
Motion carried unanimously

G-511: Policy Regarding the Monitoring of Nitrous Oxide-Oxygen ($N_2O-O_2$) Minimal Sedation by Dental Assistants

Motion by Ms. Johnston, second by Dr. Krob to approve policy G-511: Policy Regarding the Monitoring of Nitrous Oxide-Oxygen ($N_2O-O_2$) Minimal Sedation by Dental Assistants (Appendix G).

Motion carried unanimously

A-502: Policy Regarding Treatment Within the Scope of Dental Practice

Motion by Ms. Johnston, second by Dr. Anderson to approve policy A-0502: Policy Regarding Treatment Within the Scope of Dental Practice (Appendix H).

Motion carried unanimously


Motion by Ms. Johnston, second by Dr. Job to approve policy J-502: Policy Regarding Termination of the Dentist-Patient Relationship (Appendix I).

Motion carried unanimously

B-503: Policy Regarding Treatment Within the Scope of Dental Hygiene Practice

Motion by Ms. Johnston, second by Dr. Job to approve policy B-503: Policy Regarding Treatment Within the Scope of Dental Hygiene Practice (Appendix J).

Motion carried unanimously

Policy Regarding Public Records Requests

Motion by Ms. Johnston, second by Dr. Subramanian to approve the Policy Regarding Public Records Requests (Appendix K).

Motion carried unanimously

New Policies for Review

Ms. Johnston informed the members that the two (2) policies for remedial education for dentists and dental hygienists be posted to the Board Member Portal for review and consideration prior to the February meeting. She stated that the Committee had reviewed a preliminary draft of the policy on disposal of sharps which included references to OSHA guidelines. Discussion resulted in the Committee decision to not include small waste generators in the policy.

Ms. Johnston stated that it is her intention to have completed the final versions of the policy on sharps, and preliminary drafts of policies on extracted teeth and dental unit water quality by the end of December. She stated that with the election of Officers she is unsure if she will remain chair of the Committee and therefore hopes to have all of these completed by the end of her tenure as Chair in December.

Motion by Dr. Subramanian, second by Dr. Anderson, to approve the Policy Committee report as presented.
Motion carried unanimously.

Scope of Practice
Scope of Practice - Phlebotomy
Dr. Ginder informed the members that the Scope of Practice Committee had met earlier that day and began with a presentation on phlebotomy by Mr. Tywan Banks, M.Ed., and a Phlebotomy Instructor from Columbus State Community College. The Board had received recent inquiries and has concerns with the delegation of drawing of blood by dental auxiliary and Mr. Banks had been invited to discuss minimal level of education required/recommended to competently and safely draw blood in a dental office under supervision of a dentist; how many “sticks”, how much didactic instruction, and in what environment is the training recommended. Mr. Banks presented on the difference between certification vs. certificates of completion and noted that the three (3) most reputable accrediting bodies for phlebotomists are; American Society for Clinical Pathology (ASCP), National Healthcareer Association (NHA), and American Medical Technologists (AMT). Dr. Ginder stated that these certifying bodies may have ideal guidelines to follow regarding phlebotomy but they may not be the minimal requirements that would suffice for phlebotomy to be performed by dental auxiliary.

Dr. Ginder said that Mr. Banks had informed the Committee that there are some “Certificate of Completion” courses that offer didactic hours and blood draws, however the blood draws are in a controlled environment and therefore, the students are not exposed to different or possibly more difficult patients. These courses are generally provided through a community college or a vocation school. Mr. Banks believes that these supervised courses may offer adequate training for a phlebotomist to draw blood in a dental office.

Dr. Ginder stated that more research is needed before a recommendation can be made. He stated that the Board can say that drawing blood falls within the scope of a dental license. However, we cannot yet offer a recommendation on who a dentist can delegate to draw blood under supervision and what level of education is recommended or required.

Motion by Ms. Johnston, second by Dr. Subramanian, to approve the Scope of Practice Committee report.

Motion carried unanimously.

Executive Updates
President’s Update
From President Clark
Director Kamdar stated that at the request of President Clark he was sharing her comments. He asked the members to keep in mind that her comments were meant to be shared after the election of officers which was originally scheduled for earlier in the meeting. Director Kamdar read the following:

“To each of the newly elected officer of the Ohio State Dental Board, I extend my congratulations. Through your leadership skills, you have earned the respect of your fellow Board members to lead this Board during the coming year. Congratulations to each of you.

I wanted to take this opportunity to thank each of the Board members and Board staff for your support over the past year. It has been one of the greatest privileges of my life to serve as Board President. I believe in the work of the Board as it is important. Together we have served well, stood firm to our convictions and produced work for the benefit of the citizens of Ohio and dentistry. Thank you for the richness you have brought to my life.”
Executive Director’s Update

Licensure Renewal

Director Kamdar opened his update by informing the members that 51% of dentists and 39% of dental hygienists have renewed to date. He stated that we are now 24 days until the deadline to renew and barely half of the licensees have renewed their licenses to practice. He said that we began this process back in October with a blast email to all licensees with information on registration, renewal, and the new eLicense system. He stated that while the numbers indicate that we are a little bit ahead of where we were during the last renewal period for dentists and dental hygienists, many will still end up renewing their license to practice during the extended grace period after January 1, 2018. He informed the members that while dental licensees are granted a renewal extension to April 1, 2018 by statute, the Board will offer the same to dental hygiene licensees for consistency.

Thank-you

Director Kamdar took a moment to thank everyone for making the Board work smoothly including the other twelve (12) staff members that help to run the Board as every person plays a vital role. He stated that Kathy Carson is an investigator for the Board but that if you ask Mr. Kochheiser, she has been helping out with everything including administrative work as needed. He stated that Ms. Franks “burns the midnight oil” and is also a walking encyclopedia for the Board. Mr. Russell holds the title of Legislative Coordinator but has handled everything and every project he has been given. Director Kamdar stated that it is the same with all of the rest of the staff. With the recent hire of Mr. Kochheiser, he brings to the Board a fresh perspective within the confines of the law. Assistant Attorney General Katherine Bockbrader has recently been promoted to Assistant Chief and normally a small Board such as ours would not see someone of her stature sitting amongst and representing us.

Election of Officers

Director Kamdar reminded the members that they had received copies of recommended changes to the Governance Guidelines in regards to Board Officers and Elections. He noted that the two (2) recommended changes for consideration were as follows:

Candidates for Board Officers shall meet the following requirements:

- President: Must be a member of the Board for a minimum of two (2) years prior to holding office; no term limit.
- Vice President: Must be a member of the Board for a minimum of one (1) year prior to holding office; succeeds as President; no term.
- Secretary*: Must be a dentist; must be a member of the Board for a minimum of two (2) years before holding office; no term.
- Vice-Secretary*: Must be a dentist, must be a member of the Board for a minimum of one year before holding office; no term limit.
- QUIP Coordinator: Must be a dentist, must be a member of the Board.

Director Kamdar asked if there were any comments or additional suggestions for changes to the Governance Guidelines. Ms. Johnston stated that she had submitted the change regarding the Vice President succeeding the President. She stated that she has served a number of years on the Board and is interested in serving the Board as Vice President but would not be able to succeed into the position of President due to her term as a Board member expiring in 2019.
Motion by Dr. Subramanian, second by Ms. Johnston, to approve the recommended changes to the Board Governance Guidelines as presented.

Motion carried unanimously.

President
Director Kamdar then explained the process for nominations and voting. He then called for nominations for the office of President.

Dr. Ginder nominated Dr. Das for President. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Das as President of the Board for 2018.

Vice President
Director Kamdar then called for nominations for the office of Vice President.

Dr. Subramanian nominated Ms. Johnston for Vice President. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Ms. Johnston as Vice President of the Board for 2018.

Secretary
Director Kamdar then called for nominations for the position of Secretary.

Dr. Das nominated Dr. Guttman for Secretary. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Guttman as Secretary of the Board for 2018.

Vice Secretary
Director Kamdar then called for nominations for the position of Vice Secretary.

Dr. Ginder nominated Dr. Subramanian for Vice Secretary. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Subramanian as Vice Secretary of the Board for 2018.

QUIP Coordinator
Director Kamdar then called for nominations for the position of QUIP Coordinator.

Dr. Das nominated Dr. Ginder for QUIP Coordinator. Director Kamdar asked if there were any additional nominations. Hearing none, he called for a vote.

Motion carried to elect Dr. Ginder as QUIP Coordinator of the Board for 2018.

Director Kamdar congratulated the members on their elections.

Anything for the Good of the Board
Director Kamdar thanked all the members for their effort that day and then asked if any members had anything to report for the good of the Board.
Ms. Johnston stated that in hearing the presentation by Dr. Armstrong she would ask the new President to consider creating a subcommittee to look into revising all the regional examinations and to possibly get with the Legislature and the Ohio Dental Association to consider revisiting whether all the examinations for licensure should be accepted. Dr. Zucker added to that by stating that he would like them to research and consider the validity of the PGY1 (Post Graduate Year 1) option, as well as looking into the Western Regional Examining Board standards for “optional” examination of key skillsets. Director Kamdar suggested that the members revisit this request in January when the new President has had the time to consider Committee appointments.

Dr. Das requested that his fellow Board members send him an email to let him know of their interest in the committees they would like to serve.

Adjourn

Motion by Dr. Krob, second by Dr. Bauer, to adjourn the meeting.

Motion carried unanimously.

Director Kamdar adjourned the meeting at 3:40 p.m.

ASHOK DAS, D.D.S.
President

SUSAN JOHNSTON, R.D.H.
Vice President
Appendix A

Patient Participation in Licensure Examinations

- A component of initial licensure examination formats
- Independent third party audit result of the report by William Close to the Carnegie Foundation in 1908
- A candidate who does not have a good working understanding of the principles known to be involved in practical situations can not pass such an examination, but even if he know all about dentistry and yet were unable to do effectively, it would not qualify him, the award to him of a license, the board is confident of professional judgment, that such a candidate would not be acceptable to a practitioner, need to be indefensible.
- W. F. Gies Report

Gies

- The aim of the most important aspects of the problem of protecting patients against the consequences of the practice of dentistry, is the determination that the individual applicant for a license has had suitable undergraduate education, adequate professional training, and is in fact competent and trustworthy. This function, while preliminary, is one of the duties of practical and practical knowledge, commonly designated the state board of dental examiners, and is a responsibility that may not at present be transferred to the Board to any other authority.
- W. F. Gies

Predictive Value

- Commonly held misconceptions
- Conceived the same in essentially all licensing examinations—on demand independent assessment of candidate's skills
- What does have predictive value?
- Graduation from a COCA Dental School does not have predictive value
APPENDIX A

MEETING MINUTES  OHIO STATE DENTAL BOARD  DECEMBER 6, 2017

ADEX-WREB Comparison

- The WREB Pediatric examination. A candidate who "fails" the pediatric section may take the examination on either day 1 or 2 apparently without consultation.
- The WREB Oral exam section allows for a candidate who "fails" the section to retake the exam on the optional 3rd day apparently without consultation.
- The WREB Oral exam section is now this year with optional. A candidate who is unsuccessful on the pediatric section may retake the examination on the optional 3rd day apparently without consultation.
- Apparently a compensatory scoring system is used for the pediatric examinations.

Why the ADEX Examination

- All candidates are graduates of CODA accredited dental schools.

Multiple Examinations

- When examinations compete, and both examinations are accepted, the candidate will always select the examination that is perceived easier.
- This allows the license candidate to make the decision on minimal competency standards rather than the State Board.

Prosthodontic Examination

- This diagram illustrates a prosthodontic examination.
Why Patients?
- The work speaks for itself

Question
- Which of these dental school graduates would you trust your family?
- Which candidates should be allowed to "try again" on another patient the same day

ADEX STATE ACCEPTANCE

Thank you for your commitment and protection of the public!
Appendix B

Ohio State University

Kumar Subramanian, DDS, MSD
Clinical Assistant Professor
Nationwide Children’s Hospital
700 Children’s Dr.
Columbus, OH 43205

Dr. Subramanian,

I continue to hear positive comments about our Post College Assembly (PCA) event last month, and I wanted to send a special note of thanks for your outstanding presentation, "The Opioid Epidemic in Ohio and DARRS Overview.” Your experience and expertise helped to make our continuing education event successful and we are all grateful that you were willing to undertake such a significant endeavor.

Since the PCA gathering, Don Gray has updated me on the presentations that received many positive comments, and your course was described as being “very well done, and with a great mix of appropriate dosage recommendations, and statistics.” Knowing what it takes to achieve such reviews from discerning audiences like ours, I am most appreciative of the energy and efforts you expended on our behalf.

Again, my thanks for your outstanding contribution to this program.

Sincerely,

[Signature]

Patrick M. Lloyd, DDS, MS

CC: Constance F. Clark, President, Ohio State Dental Board
Don Gray, Director, Continuing Education
Appendix C

Franks, Mindy

From: Kamdar, Harry
Sent: Thursday, November 30, 2017 9:50 AM
To: Franks, Mindy
Cc: Kochheiser, Steven; Russell, Zachary
Subject: FW: Louisiana's Specialty Law Revisions
Attachments: 2017 LA REG TEXT 460358 (NS).rdf

Another item for correspondence section of the Board meeting agenda. This time it’s the email below and attachment.

From: Murphy, Sean [mailto:smurphy@aaortho.org]
Sent: Tuesday, November 21, 2017 10:54 AM
To: Kamdar, Harry; Kamdar@den.ohio.gov; Kamdar, Harry
Cc: Beckwith, Philip <pjbortho@aol.com>; Roberts, Chris <croberts@aaortho.org>; Maleki, Nahid <dmaleki@verizon.net>; McCamish, DeWayne <dmccamish@aaortho.org>; Dillard, Kevin <kdillard@aaortho.org>
Subject: RE: Louisiana's Specialty Law Revisions

Hello Mr. Kamdar,

As the Ohio State Dental Board continues to analyze its specialty laws, I am attaching Louisiana’s recent amendments to its specialty laws (LAC 46:XXXIII.122 and LAC 46:XXXIII.301), which state, in pertinent part, “The board finds that terms implying that a dentist is a specialist in some field of dentistry are terms of art indicating that the dentist has completed an accredited post-doctoral educational program in that field of at least two years. Therefore, a licensed dentist seeking specialty recognition must have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years and which is accredited by an accreditation agency that is recognized by the United States Department of Education.” Perhaps Louisiana’s recent amendments can provide some additional guidance.

As always, please let me know if you or the Board have any questions. Also, if there are further Board meetings discussing this topic, the AAO would like to participate.

Thank you, and wishing you and the Board and enjoyable holiday season,

Sean

Sean Murphy
Associate General Counsel
American Association of Orthodontists
314.292.6523 Direct
smurphy@aaortho.org

From: Murphy, Sean
Sent: Tuesday, July 11, 2017 4:12 PM
To: 'harry.kamdar@den.ohio.gov'; 'harry.kamdar@den.state.oh.us'
Cc: Beckwith, Philip; Roberts, Chris; Maleki, Nahid; McCamish, DeWayne; Dillard, Kevin
Subject: AAO's comments regarding Ohio's specialty laws (response kindly requested)
Hello Mr. Kamdar,

Sean Murphy here with the American Association of Orthodontists. The American Association of Orthodontists submits the attached comments regarding Ohio’s “specialty” designation and advertising laws. Please share these comments with the Board Members working on this issue. Should you have any questions or need additional information, please just let us know. In addition, if there are any further hearings or requests for comments on this issue, we would appreciate participating in those activities. In closing, if you could confirm your receipt of this email, I would be most appreciative.

Thank you and the Members of the Ohio State Dental Board for your time and attention to this important issue,

Sean

Sean Murphy
Associate General Counsel
American Association of Orthodontists
314.292.6523 Direct
smurphy@aaortho.org

American Association of Orthodontists.
NETSCAN

2017 LA REG TEXT 460358 (NS)

Louisiana Regulation Text - Netscan
LAC 46:XXXIII.122, 128, 301, 411, 1511
Rules
October 20, 2017
Effective October 20, 2017
Professional and Occupational Standards
FULL TEXT OF REGULATION(S)

Fees and Costs; Anesthesia/Analgesia Administration; and Continuing Education

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Dental Practice Act, R.S. 37:751 et seq., and particularly R.S. 37:760(6), the Department of Health, Board of Dentistry has amended LAC 46:XXXIII.122, 128, 301, 411, and 1511.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XXXIII. Dental Health Profession

Chapter I. General Provisions

LAC 46:XXXIII.122

LAC 46:XXXIII.122. Scopes of Practice

A. The board approves of the following specialties:

1. - 7. ...
2. prosthodontics;
3. oral and maxillofacial radiology;
4. any other area of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full-time years and which program is accredited by an accreditation agency that is recognized by the United States Department of Education.

B. - C. ...

1. The board finds that terms implying that a dentist is a specialist in some field of dentistry are terms of art indicating that the dentist has completed an accredited post-doctoral educational program in that field of at least two years. Therefore, a licensed dentist seeking specialty recognition must have successfully completed a post-doctoral program in a specialty area of dentistry consisting of at least two full-time years and which is accredited by an accreditation agency that is recognized by
the United States Department of Education.

2. - 5. ...

AUTHORITATIVE NOTE: Promulgated in accordance with R.S. 37:760(8).


LAC 46:XXXIII.128

LAC 46:XXXIII.128. Provisional Licensure for Dental Healthcare Workers Providing Gratuitous Services

A. - A.3. ...

B. The Board of Dentistry may grant a provisional license not to exceed 60 days in duration for any dentist or dental hygienist who is in good standing in the state of their licensure and who wishes to provide gratuitous services to patients as part of a continuing education course in which the dental healthcare provider is enrolled as a participant and which services are provided as part of the continuing education course provided.

1. The applicant is verified by the board to be in good standing in the state of licensure where the applicant is licensed.

2. The applicant provides satisfactory documentation to the board that the dental healthcare provider is assigned to provide gratuitous services as part of a continuing education course that meets the requirements of LAC XXXIII.1615.

3. The applicant agrees to render services on a gratuitous basis with no revenue of any kind to be derived whatsoever from the provision of dental services within the state of Louisiana, except that the provider of the continuing education course may accept payment from the dental healthcare provider for the continuing education course.

C. The board may renew this provisional license for no more than an additional 60 days.

AUTHORITATIVE NOTE: Promulgated in accordance with R.S. 37:760(6) and (8) and R.S. 49:953(B).


Chapter 3. Dentists

LAC 46:XXXIII.301

LAC 46:XXXIII.301. Advertising and Soliciting by Dentists

A. - B. ...

C. Approved Specialties. The board approves only the following specialties:

1. - 7. ...

9. prosthodontics;

9. oral and maxillofacial radiology;
10. any other area of dentistry for which a dentist has completed a post-doctoral program consisting of at least two full time years and which program is accredited by an accreditation agency that is recognized by the United States Department of Education.

D. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).


Chapter 4. Fees and Costs

Subchapter B. General Fees and Costs

LAC 46:XXXIII.411

**LAC 46:XXXIII.411. Miscellaneous Fees and Costs**

A. - A.9. ...

10. unbound copy of Dental Practice Act—$25;

11. preapproval of advertising—$150 per advertisement or per page of a website.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(9) and R.S. 37:795.


Chapter 15. Anesthesia/Analgesia Administration

LAC 46:XXXIII.1511

**LAC 46:XXXIII.1511. Required Facilities, Personnel and Equipment for Sedation Procedures**

A. - B. ...

1. The authorized dentist must ensure that every patient receiving nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is constantly attended.

2. Direct supervision by the authorized dentist is required when nitrous oxide inhalation analgesia, moderate sedation, deep sedation, or general anesthesia is being administered.

3. ...

4. When moderate sedation is being administered one auxiliary who is currently certified in basic life support must be
## Appendix D

**CATEGORY I: IMPROPER PRESCRIBING, DISPENSING, OR ADMINISTERING OF DRUGS**

<table>
<thead>
<tr>
<th>A.</th>
<th>Prescribing, dispensing, or administering of any scheduled drug for excessive periods of time and in excessive amounts.</th>
<th>MAXIMUM PENALTY: Permanent revocation or denial of application</th>
<th>MINIMUM PENALTY: Reprimand or 15 calendar day suspension, subsequent probation, minimum 2 years with conditions and prescribing course</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Failing to keep patient records of substances prescribed, dispensed or administered.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: Reprimand or 7 calendar day suspension, with subsequent probation, minimum 2 years with as condition for reinstatement</td>
</tr>
<tr>
<td>C.</td>
<td>Inappropriate purchasing, controlling, dispensing, and/or administering any scheduled drug.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: 30 calendar day suspension, subsequent probation, minimum 2 years with condition for reinstatement</td>
</tr>
</tbody>
</table>
## Appendix D

### Meeting Minutes

#### Ohio State Dental Board

**December 6, 2017**

<table>
<thead>
<tr>
<th></th>
<th>MAXIMUM PENALTY</th>
<th>MINIMUM PENALTY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Failure to use acceptable methods in selection, prescribing, dispensing, or administering of any scheduled drug.</td>
<td>permanent revocation or denial of application</td>
<td>30 calendar day suspension, with conditions for reinstatement, subsequent probation for 3 years</td>
</tr>
<tr>
<td>E. Selling, prescribing, dispensing, giving away, or administering any scheduled drug for other than a legal and legitimate therapeutic purpose and/or selling prescribing, dispensing or giving away, or administering any scheduled drug in exchange for sexual favor.</td>
<td>permanent revocation or denial of application</td>
<td>60 calendar day suspension, subsequent probation, minimum 2 years with conditions for reinstatement</td>
</tr>
<tr>
<td>F. Plea of guilty to, judicial finding of guilt of or judicial finding of eligibility for intervention in lieu of conviction for, a drug related felony, except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</td>
<td>permanent revocation or denial of application</td>
<td>60 calendar day suspension, subsequent probation, minimum 2 years with conditions for reinstatement</td>
</tr>
<tr>
<td>G. Plea of guilty to, judicial finding of guilt of or judicial finding of eligibility for intervention in lieu of conviction for, a drug related misdemeanor, except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</td>
<td>permanent revocation or denial of application</td>
<td>30 calendar day suspension, with conditions for reinstatement; subsequent probation, minimum 2 years</td>
</tr>
</tbody>
</table>
### H.
Plea of guilty to, judicial finding of guilt of
or judicial finding of eligibility for intervention in
lieu of conviction for, a drug related
felony where the underlying criminal conduct
was directly related to a substance-related
impairment of the respondent and was
committed to obtain substance(s) solely for self-
use.

<table>
<thead>
<tr>
<th>MAXIMUM PENALTY: Permanent revocation or denial of application</th>
<th>MINIMUM PENALTY: 30 calendar day suspension, in addition to minimum penalty for applicable guidelines under Impairment</th>
</tr>
</thead>
</table>

### I.
Plea of guilty to, judicial finding of guilt of
or judicial finding of eligibility for intervention in
lieu of conviction for, a drug related
misdemeanor where the underlying criminal conduct
was directly related to a substance-related impairment of the respondent and was
committed to obtain substance(s) solely for self-
use.

<table>
<thead>
<tr>
<th>MAXIMUM PENALTY: Permanent revocation or denial of application</th>
<th>MINIMUM PENALTY: 15 calendar day suspension, in addition to the minimum penalty for applicable guidelines under Impairment</th>
</tr>
</thead>
</table>
## CATEGORY II: MINIMAL STANDARDS OF CARE

<table>
<thead>
<tr>
<th>A. Failure to use standard precautions for infection control.</th>
<th>MAXIMUM PENALTY: Permanent revocation</th>
<th>MINIMUM PENALTY: 1&lt;sup&gt;st&lt;/sup&gt; Offense - Warning letter; 2&lt;sup&gt;nd&lt;/sup&gt; Offense –7 calendar day suspension, with conditions for reinstatement and 1 year probation; 3&lt;sup&gt;rd&lt;/sup&gt; Offense –14 calendar day suspension, with 1 year probation; optional conditions of education and testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Failure to use biologic monitors with sterilizing equipment.</td>
<td>MAXIMUM PENALTY: Permanent revocation</td>
<td>MINIMUM PENALTY: 1&lt;sup&gt;st&lt;/sup&gt; Offense - Warning letter; 2&lt;sup&gt;nd&lt;/sup&gt; Offense –7 calendar day suspension, with conditions for reinstatement and 1 year probation; 3&lt;sup&gt;rd&lt;/sup&gt; Offense –14 calendar day suspension, with conditions for reinstatement and 1 year probation; optional conditions of education and testing</td>
</tr>
<tr>
<td>C. Failure to have documented proof of immunization to Hepatitis B for self/employees without waiver.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: Documentation of compliance, with probation of one year; optional conditions of education</td>
</tr>
<tr>
<td>D. Providing care that departs from or fails to conform to the minimum accepted standards of care for the profession.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: First offense: Reprimand or Voluntary participation in Quality Intervention Program (QUIP), when appropriate. Subsequent offenses: 7 calendar day suspension, with conditions for reinstatement; Optional indefinite practice restriction with conditions for reinstatement; probation of one year</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>E. Allowing dental hygienist or other practitioners of auxiliary dental occupations working under supervision to provide care that departs from or fails to conform to the minimum accepted standards of care for the profession.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: 1st Offense - Warning letter; 2nd Offense – 1-7 calendar day suspension, with conditions for reinstatement and 1 year probation; 3rd Offense – 8-14 calendar day suspension, with conditions for reinstatement and 1 year probation</td>
</tr>
<tr>
<td>F. Lewd and immoral conduct in connection with the provision of dental services</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of an application</td>
<td>MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.</td>
</tr>
<tr>
<td>CATEGORY III: FRAUD, MISREPRESENTATION, OR DECEPTION</td>
<td>MAXIMUM PENALTY: Revocation or denial of an application</td>
<td>MINIMUM PENALTY:</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>A. Fraud in applying for or obtaining a license or permit</td>
<td>1 year suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.</td>
<td></td>
</tr>
<tr>
<td>B. Misrepresentation or deception in applying for, renewing or securing a license or permit</td>
<td>60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.</td>
<td></td>
</tr>
<tr>
<td>C. Publishing a false, fraudulent, deceptive or misleading statement</td>
<td>Formal written reprimand</td>
<td></td>
</tr>
<tr>
<td>D. False, deceptive, or misleading advertising</td>
<td>Formal written reprimand</td>
<td></td>
</tr>
<tr>
<td>F. Obtaining, or attempting to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice</td>
<td>30 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years.</td>
<td></td>
</tr>
</tbody>
</table>
## CATEGORY IV: UNAUTHORIZED PRACTICE

<table>
<thead>
<tr>
<th>A. Practice during suspension imposed by Board Order, or pursuant to terms of fully executed consent agreement</th>
<th>MAXIMUM PENALTY: Revocation</th>
<th>MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Practice during suspension for failure to renew</td>
<td>MAXIMUM PENALTY: Revocation</td>
<td>MINIMUM PENALTY: 60 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years</td>
</tr>
<tr>
<td>C. Practice in violation of limitation/restrictions imposed by Board Order or terms of fully executed consent agreement</td>
<td>MAXIMUM PENALTY: Revocation</td>
<td>MINIMUM PENALTY: Warning letter;</td>
</tr>
<tr>
<td>D. Applicant’s practice prior to licensure or permit issuance</td>
<td>MAXIMUM PENALTY: Denial of license or permit</td>
<td>MINIMUM PENALTY: Grant license or permit, immediate suspension, 15 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years</td>
</tr>
<tr>
<td>E. Permitting the unauthorized practice by unlicensed/unregistered personnel</td>
<td>MAXIMUM PENALTY: Revocation</td>
<td>MINIMUM PENALTY: Warning letter:</td>
</tr>
<tr>
<td>F. Practice outside scope of license or permit</td>
<td>MAXIMUM PENALTY: Revocation</td>
<td>MINIMUM PENALTY: 30 calendar day suspension, with conditions for reinstatement, subsequent probation, minimum 3 years</td>
</tr>
</tbody>
</table>
## CATEGORY V: CRIMINAL CONVICTION

<table>
<thead>
<tr>
<th>Category</th>
<th>Maximum Penalty</th>
<th>Minimum Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Plea of guilty to, judicial finding or guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony committed in course of practice (except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use or related to sexual misconduct).</td>
<td>Permanent revocation or denial of application</td>
<td>30 calendar day suspension, with conditions for reinstatement, subsequent probation 3 years</td>
</tr>
<tr>
<td><strong>B.</strong> Plea of guilty to, judicial finding or guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony not committed in the course of practice.</td>
<td>Permanent revocation or denial of application</td>
<td>15 calendar day suspension, with conditions for reinstatement, subsequent probation 3 years</td>
</tr>
<tr>
<td><strong>C.</strong> Commission of act constituting a felony in this state, regardless of where committed, if related to practice (except where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use or related to sexual misconduct).</td>
<td>Permanent revocation or denial of application</td>
<td>30 calendar day suspension, with conditions for reinstatement, subsequent probation for 3 years</td>
</tr>
<tr>
<td><strong>D.</strong> Commission of act constituting a felony in this state, regardless of where committed, unrelated to practice.</td>
<td>Permanent revocation or denial of application</td>
<td>15 calendar day suspension, with conditions for reinstatement, subsequent probation 3 years</td>
</tr>
</tbody>
</table>
### APPENDIX D

**OHIO STATE DENTAL BOARD**

**DECEMBER 6, 2017**

<table>
<thead>
<tr>
<th>E. Plea of guilty to, judicial finding of guilt of, or judicial finding of eligibility for, intervention in lieu of conviction for a misdemeanor committed in course of practice or involving moral turpitude.</th>
<th>MAXIMUM PENALTY: Permanent revocation of application or permanent denial of application</th>
<th>MINIMUM PENALTY: 7 calendar day suspension, with conditions for reinstatement and subsequent probation minimum 2 years.</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Commission of act constituting a misdemeanor committed in the course of practice or involving moral turpitude.</td>
<td>MAXIMUM PENALTY: Permanent revocation of application or permanent denial of application</td>
<td>MINIMUM, PENALTY: 7 calendar day suspension, with conditions for reinstatement and subsequent probation minimum 2 years.</td>
</tr>
<tr>
<td>G. Pleas of guilty to, judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony, committed in course of practice, where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</td>
<td>MAXIMUM PENALTY: Permanent revocation of application or permanent denial of application</td>
<td>MINIMUM PENALTY: 30 calendar day suspension, in addition to the minimum penalty for the applicable guideline section under Impairment</td>
</tr>
<tr>
<td>H. Commission of act constituting a felony in this state, regardless of where committed, if related to practice, where the underlying criminal conduct was directly related to a substance-related impairment of the respondent and was committed to obtain substance(s) solely for self-use.</td>
<td>MAXIMUM PENALTY: Permanent revocation of application or permanent denial of application</td>
<td>MINIMUM PENALTY: 30 calendar day suspension, in addition to the minimum penalty for the applicable guideline section under Impairment</td>
</tr>
<tr>
<td>I. Pleas of guilty to, judicial finding of guilt of, or judicial finding of eligibility for intervention in lieu of conviction for, a felony, committed in course of practice, where the underlying criminal conduct was directly related to the commission of sexual misconduct.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: 90 calendar day suspension, with conditions for reinstatement; subsequent probation minimum 3 years</td>
</tr>
<tr>
<td>J. Commission of act constituting a felony in this state, regardless of where committed, if related to practice, where the underlying criminal conduct was directly related to the commission of sexual misconduct.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: 90 calendar days suspension, with conditions for reinstatement; subsequent probation minimum 3 years</td>
</tr>
</tbody>
</table>
## CATEGORY VI: IMPAIRMENT OF ABILITY TO PRACTICE

<table>
<thead>
<tr>
<th>A. Inability to practice according to the accepted standards of the profession because of physical or mental disability</th>
<th>MAXIMUM PENALTY: Revocation or denial of application</th>
<th>MINIMUM PENALTY: Suspension, with conditions for reinstatement, subsequent probation, minimum 2 years.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Initial Impairment and/or Less than One Year of Sobriety: Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision).</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: Suspension, with conditions for reinstatement; subsequent probation, minimum 5 years.</td>
</tr>
<tr>
<td>C. First Relapse; Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); first relapse during or following treatment and/or where all conditions set forth in Rule 4731-16-02 (D), Ohio Administrative Code, have not been met.</td>
<td>MAXIMUM PENALTY: Permanent revocation or denial of application</td>
<td>MINIMUM PENALTY: 30 calendar day suspension, following date of license suspension with conditions for reinstatement; subsequent probation 5 years.</td>
</tr>
<tr>
<td><strong>D. Second Relapse:</strong> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); second relapse during or following treatment.</td>
<td><strong>MAXIMUM PENALTY:</strong> Permanent revocation or denial of application</td>
<td><strong>MINIMUM PENALTY:</strong> 60 calendar day suspension, following date of license suspension with conditions for reinstatement; subsequent probation, minimum 5 years</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>E. Third Relapse:</strong> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); third relapse during or following treatment.</td>
<td><strong>MAXIMUM PENALTY:</strong> Permanent revocation or denial of application</td>
<td><strong>MINIMUM PENALTY:</strong> 180 calendar day suspension, following date of license suspension with conditions for reinstatement; subsequent probation, minimum 5 years.</td>
</tr>
<tr>
<td><strong>F. Fourth Relapse:</strong> Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision); forth relapse during or following treatment</td>
<td><strong>MAXIMUM PENALTY:</strong> Permanent revocation or denial of application</td>
<td><strong>MINIMUM PENALTY:</strong> Permanent revocation or denial of application</td>
</tr>
<tr>
<td>G.</td>
<td>Impairment, 1-5 years of Sobriety:</td>
<td>MAXIMUM PENALTY: Permanent denial of application</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision). This section applies to all applicants for licensure/reinstatement/restoration who have demonstrated continuous current sobriety for more than one year, but less than five years, since the date of the applicant’s discharge from treatment where the treatment was completed and conformed with board requirements.</td>
<td>MAXIMUM PENALTY: Permanent denial of application</td>
</tr>
<tr>
<td>H.</td>
<td>Impairment 5+ Years of Sobriety:</td>
<td>MAXIMUM PENALTY: Permanent denial of application</td>
</tr>
<tr>
<td></td>
<td>Impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances (including the inability to practice in accordance with such standards without appropriate treatment, monitoring, or supervision). This section applies to all applicants for licensure/reinstatement/restoration who have demonstrated continuous current sobriety for more than 5 years since the date of the applicant’s discharge from treatment where the treatment was completed and conformed with board requirements.</td>
<td>MAXIMUM PENALTY: Permanent denial of application</td>
</tr>
</tbody>
</table>
## CATEGORY VII: CE VIOLATION

| A. Failure to respond timely CE audit, but requisite CDE completed | MAXIMUM PENALTY: Reprimand: subject to mandatory audits of compliance with CDE requirements for the current CDE acquisition period and for two full CDE acquisition periods thereafter. | MINIMUM PENALTY: Warning letter |
| B. Failure to complete continuing dental education as certified on renewal application; repeat offense. | **MAXIMUM PENALTY:** Revocation | **MINIMUM PENALTY:**

1st Offense: 7 calendar day suspension, until any outstanding shortage of CDE credits has been rectified; subject to mandatory audits of compliance with CDE requirements during suspension, for the current CDE acquisition period at the time of reinstatement, and for two full CDE acquisition periods thereafter;

2nd Offense: 15 calendar day suspension, until any outstanding shortage of CDE credits has been rectified; subject to mandatory audits of compliance with CDE requirements during suspension, for the current CDE acquisition period at the time of reinstatement, and for two full CDE acquisition periods thereafter |

*NOTE:*

- If fraudulent misrepresentations (other than false certification of completion) are made with respect to CDE CATEGORY III PENALTY may be appropriate in addition to the standard CDE penalty.

- Suspensions may either be for a definite or indefinite period, determined in relation to other disciplinary terms (for example, indefinite suspension for X days until completion of substance abuse treatment).
### CATEGORY VIII: MISCELLANEOUS VIOLATIONS

<table>
<thead>
<tr>
<th>A. Violating or attempting to violate, directly or indirectly, or assisting in or abetting violation of, or conspiring to violate, the Dental Practices Act or any rule promulgated by the Board.</th>
<th>MAXIMUM PENALTY: Revocation or denial of application</th>
<th>MINIMUM PENALTY: Correspond to minimum penalty for actual offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Permitting name or certificate to be used when not actually directing treatment.</td>
<td>MAXIMUM PENALTY: Revocation or denial of application</td>
<td>MINIMUM PENALTY: 1&lt;sup&gt;st&lt;/sup&gt; Offense - Warning letters or 7-15 day suspension with conditions for reinstatement and 6 months probation; 2&lt;sup&gt;nd&lt;/sup&gt; Offense – Definite suspension 16-30 calendar days with conditions for reinstatement 1 year</td>
</tr>
<tr>
<td>C. Failure to cooperate in an investigation conducted by the Board.</td>
<td>MAXIMUM PENALTY: Indefinite suspension of license with conditions for reinstatement to include, at a minimum, full cooperation in the underlying investigation.</td>
<td>MINIMUM PENALTY: Reprimand, as long as respondent has fully cooperated in the underlying investigation.</td>
</tr>
</tbody>
</table>
APPENDIX A: AGGRAVATING AND MITIGATING FACTORS

After a violation, has been established, the Board may consider aggravating and mitigating circumstances in deciding what penalty to impose. If the Board deems such circumstances sufficient to justify a departure from disciplinary guidelines, they should be specified during the Board’s deliberations.

AGGRAVATION

Aggravation or aggravating circumstances are any considerations or factors which might justify an increase in the degree of discipline to be imposed. Aggravating factors may include, but are not limited to:

(a) Prior disciplinary actions
(b) Dishonest or selfish motive
(c) A pattern of misconduct
(d) Multiple violations
(e) Submission of false evidence, false statements, or other deceptive practices during the disciplinary process
(f) Refusal to acknowledge wrongful nature of conduct
(g) Adverse impact of misconduct on others
(h) Vulnerability of victim
(i) Willful or reckless misconduct
(j) Use/abuse of position of trust, or of licensee status, to accomplish the deception, theft, boundaries violation, or other misconduct
(k) Where an individual has a duty to disclose information to the Board, the extent of delay in disclosing all or part of the information, including the failure to self-report relapse immediately to the Board as required
(l) Failure to correct misconduct after recognizing the existence of the problem/violation

MITIGATION

Mitigation or mitigating circumstances are any considerations or factors which might justify a reduction in the degree of discipline to be imposed. Mitigating factors may include, but are not limited to:
(a) Absence of a prior disciplinary record
(b) Absence of a dishonest or selfish motive
(c) Isolated incident, unlikely to recur
(d) Full and free disclosure to Board, when done in a timely manner (such as before discovery is imminent)
(e) Physical or mental disability or impairment (NOTE: IT IS THE BOARD’S STATED POLICY THAT IMPAIRMENT SHALL NOT EXCUSE ACTS WHICH RESULT IN CONVICTION OR WHICH POTENTIALLY HAVE AN ADVERSE IMPACT ON OTHER INDIVIDUALS.)
(f) Interim rehabilitation or remedial measures
(g) Remorse
(h) Absence of adverse impact of misconduct on others
(i) Remoteness of misconduct, to the extent that the passage of time between the misconduct and the Board’s determination of the sanction is not attributable to the respondent’s delay, evasion, or other acts/omissions
(j) Absence of willful or reckless misconduct
(k) Prompt correction of misconduct/problem after recognizing its existence.
### Appendix E

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE: Policy Regarding Oral Conscious Sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-501</td>
<td>USE OF HALCION AND TRIAZOLAM IN THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION FOR LICENSED DENTISTS WHO DO NOT HOLD CONSCIOUS SEDATION PERMITS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATES TO:</th>
<th>LICENSED DENTISTS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EFFECTIVE DATE:</th>
<th>NEXT REVIEW DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 6, 2017</td>
<td>December, 2022</td>
</tr>
</tbody>
</table>

Constance Clark, R.D.H., President

Harry Kamula, M.B.A., Executive Director

### I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding the safe use of Halcion and Triazolam in the administration of oral conscious sedation for licensed dentists who do not hold conscious sedation permits.

### Legal Authority

<table>
<thead>
<tr>
<th>Code</th>
<th>Prohibition/Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.R.C. 4715.09</td>
<td>Unlicensed Practice Prohibited</td>
</tr>
<tr>
<td>O.A.C. 4715.13</td>
<td>Fees for Licenses or Permit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Prohibition/Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.A.C. 4715-5-05(8)</td>
<td>Use of General Anesthesia and Deep Sedation</td>
</tr>
<tr>
<td>O.A.C. 4715-5-07(8)</td>
<td>Use of Conscious Sedation</td>
</tr>
</tbody>
</table>

OSDB Policy: A-501

Effective: Reviewed 12-06-2017, 09-14-2016
American Dental Association House of Delegates, October 2007; Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Minimum Practice Requirement
O.C.R. 4715.10 Application for License.

II. Applicability

The policy applies to the practice of dentistry in regards to oral conscious sedation.

III. Definitions

Conscious Sedation O.A.C. 4715-3-01(8)(6) which defines conscious sedation as a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, and that is produced by a pharmacologic or non-pharmacologic method, or a combination thereof.

In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of conscious sedation.

Licensed Dentist O.A.C. 4715-3-01(C)(1) which states: a graduate of an accredited or a foreign dental school who has successfully passed all examinations, completed all application requirements for licensure in Ohio as set forth in section 4715.10 of the Revised Code and the agency rules of this board, and holds a current license to practice dentistry in Ohio which is not suspended or revoked by board action.

Oral Titration [Enteral/Oral Conscious Sedation] O.A.C. 4715-3-01(8)(4) defines Oral Titration as the use of a single drug administered orally or sublingually at one time on a given treatment day, or combination of drugs administered concomitantly orally or sublingually at one time on a given treatment day, in order to provide sedation or anxiolysis for dentistry. If the dosage is determined to be inadequate and an increased dosage is required to sufficiently provide sedation or anxiolysis, the practitioner must reschedule the patient for a subsequent appointment on a different day. All enteral/oral sedatives shall be administered at the same time and only once during any given treatment day unless the administering dentist is permitted to provide intravenous conscious sedation or general anesthesia.

IV. Procedure

The purpose of this policy is to address the issue of the use of Halcion and Triazolam and the use of these drugs in oral conscious sedation for those dentists who do not hold a sedation permit in the state of Ohio.

It is the Board's position that Halcion and Triazolam may only be prescribed in SINGLE DOSE ONLY for those dentists who do not hold an anesthesia/sedation permit. These drugs may not be utilized for oral titration. The outcomes are unpredictable and may be dangerous, therefore, to do
so would first require an anesthesia/ sedation permit to be issued by the Board to those licensees who so qualify pursuant to Ohio Administrative Code 4715-5-05 through 4715-5-07.

V. Attachments

None

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

- O.A.C. 4715-5-05 Use of General Anesthesia and Deep Sedation
- O.A.C. 4715-5-07 Use of Conscious Sedation.
- Guidelines for the Use of Sedation and General Anesthesia by Dentist- October, 2007, American Dental Association House of Delegates
## Appendix F

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE: Policy Regarding the Monitoring of Nitrous oxide-Oxygen (N2O-O2) Minimal Sedation By Dental Hygienists</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-511</td>
<td>RELATES TO: OHIO STATE DENTAL BOARD REGULATED AUXILIARY PERSONNEL</td>
</tr>
<tr>
<td></td>
<td>EFFECTIVE DATE: December 6, 2017</td>
</tr>
<tr>
<td></td>
<td>NEXT REVIEW DATE: December, 2022</td>
</tr>
</tbody>
</table>

Constance Clark, R.D.H., President  
Harry Kumar, M.B.A., Executive Director

### I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board's position regarding the monitoring of nitrous oxide-oxygen (N2O-O2) minimal sedation by dental hygienists.

### Legal Authority

O.R.C. 4715.22 Supervision of Licensed Dentist

Education and Training  
O.A.C. 4715-11-02.1 Monitoring Nitrous Oxide-Oxygen (N2O-O2) Minimal Sedation; Education, Training and Examination Required.
Minimum Practice Requirement
O.A.C. 4715-9-01.3 Monitoring Nitrous Oxide-Oxygen (N20-02) Minimal Sedation; Education or Training Requirements.

II. Applicability

The policy applies to the practice of dental hygienists under the direct supervision of the licensed supervising dentist.

III. Definitions

Direct Supervision  O.A.C. 4715-3-01(N)(2) which states: acts are deemed to be under the direct supervision of a licensed dentist when performed in a dental facility wherein a licensed dentist is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility, and are checked and approved by the licensed dentist before the patient upon whom such act has been performed departs from the dental facility of said dentist.

Licensed Dental Hygienists O.A.C. 4715-3-01(C)(5) which states: a graduate of an accredited dental hygiene school or program who has successfully passed all examinations, completed all application requirements for licensure in Ohio as set forth in section 4715.21 of the Revised Code and the agency rules of this board, and holds a current license to practice dental hygiene in Ohio which is not suspended or revoked by board action.

Monitor Webster's Dictionary defines a monitor as someone who advises, warns or cautions. The verb monitoring is defined as "to watch" or "to regulate the performance of, [a machine]"

IV. Procedure

1. Dental Hygienists: 4715-9-01 Permissible practices of a dental hygienist

Paragraph (A)(3) of Ohio Administrative Code section 4715-9-01 stipulates that a dental hygienist may monitor N20-02 minimal sedation if specific requirements are met. Additionally, all licensed dental hygienists may perform the duties of basic qualified personnel under the direct supervision of a licensed dentist, including the monitoring of N20-02 minimal sedation. As with the dental assistant, in order to be allowed to monitor N20-02 minimal sedation under the direct supervision of the licensed dentist, the dental hygienist must document current completion of basic life support, and all education and examination requirements on a form supplied by the Board. This form MUST be maintained in the dental office wherein the dental hygienist is practicing.

It is the position of the Board that with respect to the Administrative Code section in question, monitoring means to watch or check on. Once the licensed dentist has initiated and administered the nitrous oxide, the trained dental auxiliary is to monitor the N20-02 minimal sedation and advise or warn the dentist if something is wrong. The dentist then is the one responsible for
adjusting levels, etc. The only thing a dental auxiliary can do short of monitoring, is remove the nitrous oxide delivery apparatus from the patient in an emergency.

V. Attachments

Permissible Practices Documentation for Dental Hygienists

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

- O.R.C. 4715.22 Supervision of Licensed Dentist.
### Appendix G

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE: Policy Regarding the Monitoring of Nitrous oxide-Oxygen (N20-02) Minimal Sedation By Qualified Dental Assistants</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-511</td>
<td></td>
</tr>
</tbody>
</table>

**RELATES TO:** OHIO STATE DENTAL BOARD REGULATED AUXILIARY PERSONNEL

<table>
<thead>
<tr>
<th>EFFECTIVE DATE:</th>
<th>BASIC QUALIFIED PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 6, 2017</td>
<td></td>
</tr>
</tbody>
</table>

| NEXT REVIEW DATE: | December, 2022 |

---

Constance Clark, R.D.H., President

Harry Kamber, M.B.A., Executive Director

---

1. ** Purpose 

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board's position regarding the monitoring of nitrous oxide-oxygen (N20-02) minimal sedation by qualified dental assistants.

**Legal Authority**

- O.R.C. 4715.39 Permitted Duties

Education and Training

Minimum Practice Requirement
O.A.C. 4715-11-02(B)(39) Basic Qualified Personnel; Functions.

II. Applicability

The policy applies to the practice of appropriately trained basic qualified personnel under the direct supervision of the licensed supervising dentist.

III. Definitions

Basic Qualified Personnel  O.A.C. 4715-3-01(C)(8) which states: basic qualified personnel are those persons who are adjudged by the licensed dentist to be capable and competent of performing basic remediable intra-oral and extra-oral dental tasks and/or procedures under his direct supervision and full responsibility. These persons must be trained directly via an employer-dentist, via a planned sequence of instruction in an educational institution or via in-office training.

Direct Supervision  O.A.C. 4715-3-01(N)(2) which states: acts are deemed to be under the direct supervision of a licensed dentist when performed in a dental facility wherein a licensed dentist is physically present at all times during the performance of such acts and such acts are performed pursuant to his order, control and full professional responsibility, and are checked and approved by the licensed dentist before the patient upon whom such act has been performed departs from the dental facility of said dentist.

Monitor Webster's Dictionary defines a monitor as someone who advises, warns or cautions. The verb monitoring is defined as "to watch" or "to regulate the performance of, [a machine]"

IV. Procedure

1. Dental Assistants: 4715-11-02 Basic qualified personnel; functions

Paragraph (B)(39) of Ohio Administrative Code section 4715-11-02 stipulates that a dental assistant may monitor N2O-O2 minimal sedation if specific requirements are met. Further, in order to be allowed to monitor N2O-O2 minimal sedation under the direct supervision of the licensed dentist, the dental assistant must document current completion of basic life-support, and all education and examination requirements on a form supplied by the Board. This form MUST be maintained in the dental office wherein the dental assistant is practicing.

It is the position of the Board that with respect to the Administrative Code section in question, monitoring means to watch or check on. Once the licensed dentist has initiated and administered the nitrous oxide, the trained dental auxiliary is to monitor the N2O-02 minimal sedation and advise or warn the dentist if something is wrong. The dentist then is the one responsible for adjusting levels, etc. The only thing a dental auxiliary can do short of monitoring, is remove the nitrous oxide delivery apparatus from the patient in an emergency.
V. Attachments

Permissible Practices Documentation for Dental Assistants

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

Appendix H

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE: Policy Regarding Treatment Within the Scope of Dental Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-502</td>
<td>RELATES TO: DENTAL SCOPE OF PRACTICE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EFFECTIVE DATE:</th>
<th>LICENSED DENTISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 6, 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEXT REVIEW DATE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2022</td>
<td></td>
</tr>
</tbody>
</table>

Constance Clark, R.D.H., President

Harry Kandah, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding the development of technologies and techniques dentists may utilize and their relationship to scope of practice.

Legal Authority

O.R.C. 4715.01 Dentists – dental hygienist definitions

Education and Training

O.R.C. 4715.10 Application for license.

O.A.C. 4715-5-01.1 Requirements for initial licensure for dentists.
II. Applicability

The policy applies to the treatment within scope of dental practice for licensed dentists.

III. Definitions

Dentistry: The definition of dentistry in Ohio is consistent with the American Dental Association (ADA) definition of dentistry: The evaluation, diagnosis, prevention, and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.

Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences. Parameters of care for dental patients and standards of care for treatment of patients are developed based on this approach.

Procedure

Using these definitions, the Board considers available scientific evidence, educational requirements of the Commission on Dental Accreditation (CODA) accredited programs within the dental schools residency programs, and peer reviewed accredited educational programs consistent with an evidenced based approach to dentistry, to aid in its determination of the scope of dental practice.

The ADA has a code of ethical and professional conduct for the practice of dentistry. All dentists must be aware of their own limitations and level of training in determining their individual competence levels within the scope of practice of dentistry. Using these ethical and professional standards each dentist chooses how to practice dentistry. The expectation, for all patients, is the dentist is competent in providing adequate diagnosis and treatment plan, informed consent, and appropriate treatment. Additionally, the dentist is expected to be competent in recognizing and treating complications.

IV. Attachments

The ADA Principles of Ethics and Code of Professional Conduct, November 2016
V. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.R.C. 4715.01</td>
<td>Dentists – dental hygienist definitions</td>
</tr>
<tr>
<td>O.R.C. 4715.10</td>
<td>Application for license.</td>
</tr>
<tr>
<td>O.A.C. 4715-5-01.1</td>
<td>Requirements for initial licensure for dentists.</td>
</tr>
</tbody>
</table>
## Policy Regarding Ohio State Dental Board Termination of the Dentist-Patient Relationship

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>J-502</td>
<td>Policy Regarding Ohio State Dental Board Termination of the Dentist-Patient Relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATES TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENTISTS-PATIENTS TERMINATION OF CARE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EFFECTIVE DATE:</th>
<th>LICENSED DENTISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 6, 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEXT REVIEW DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2022</td>
</tr>
</tbody>
</table>

---

### I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding what should be considered when terminating the dentist-patient relationship.

### Legal Authority

O.R.C. 4715.30 (A) Disciplinary Actions

### II. Applicability

The policy applies to termination of the dentist-patient relationship.
III. Definitions

Dentist: O.R.C. 4715.01 which states: Any person shall be regarded as practicing dentistry, who is a manager, proprietor, operator, or conductor of a place for performing dental operations, or who teaches clinical dentistry, or who performs, or advertises to perform, dental operations of any kind, or who diagnoses or treats diseases or lesions of human teeth or jaws, or associated structures, or attempts to correct malpositions thereof; or who takes impressions of the human teeth or jaws, or who constructs, supplies, reproduces, or repairs any prosthetic denture, bridge, artificial restoration, appliance, or other structure to be used or worn as a substitute for natural teeth, except upon the order or prescription of a licensed dentist and constructed upon or by the use of casts or models made from an impression taken by a licensed dentist, or who advertises, offers, sells, or delivers any such substitute or the services rendered in the construction, reproduction, supply, or repair thereof to any person other than a licensed dentist, or who places or adjusts such substitute in the oral cavity of another, or uses the words "dentist," "dental surgeon," the letters "D.D.S.," or other letters or title in connection with his name, which in any way represents him as being engaged in the practice of dentistry. Manager, proprietor, operator, or conductor as used in this section includes any person:

(A) Who employs licensed operators;

(B) Who places in the possession of licensed operators[,] dental offices or dental equipment necessary for the handling of dental offices on the basis of a lease or any other agreement for compensation or profit for the use of such office or equipment, when such compensation is manifestly in excess of the reasonable rental value of such premises and equipment;

(C) Who makes any other arrangements whereby he derives profit, compensation, or advantage through retaining the ownership or control of dental offices or necessary dental equipment by making the same available in any manner for the use of licensed operators; provided that this section does not apply to bona fide sales of dental equipment secured by chattel mortgage. Whoever having a license to practice dentistry or dental hygiene enters the employment of, or enters into any of the arrangements described in this section with, an unlicensed manager, proprietor, operator, or conductor, or who is determined mentally incompetent by a court of competent jurisdiction, or is committed by a court having jurisdiction for treatment of mental illness, may have his license suspended or revoked by the state dental board.

IV. Procedure

It is the position of the Board that the following elements should be satisfied prior to terminating the dentist-patient relationship:

1) All efforts should be made to give the patient sufficient notice of termination of dental services. The dentist shall provide written notification and/or documentation in the patient’s chart of verbal communication with patient, terminating the dental services.

2) All efforts should be made to stabilize the patient’s dental condition and not place the patient’s dental health in immediate jeopardy.
3) Upon written request, a copy of all records should be made available to the patient or subsequent treating practitioner.

Dentists following these minimum guidelines will likely be considered to be following appropriate termination procedures and thus giving an indication that the patient has not been abandoned.

V. Attachments

Dental Practice Act

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

- O.R.C 4715.01 Dentist-dental hygienist definitions
- O.R.C. 4715.30 Disciplinary actions.
Appendix J

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE: Policy Regarding Treatment Within the Scope of Dental Hygiene Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-503</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATES TO:</th>
<th>DENTAL HYGIENE SCOPE OF PRACTICE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EFFECTIVE DATE:</th>
<th>LICENSED DENTAL HYGIENISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 6, 2017</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEXT REVIEW DATE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2022</td>
<td></td>
</tr>
</tbody>
</table>

Constance Clark, R.D.H., President

Harry Karadas, M.B.A., Executive Director

I. Purpose

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of this policy is to clarify the Board’s position regarding the development of technologies and techniques dental hygienists may utilize and their relationship to scope of practice.

Legal Authority

O.R.C. 4715.01   Dentists – dental hygienist definitions
O.R.C. 4715.23   Practice limitations.
O.A.C. 4715-9-01 Permissible practices of a dental hygienist.
Education and Training
O.R.C. 4715.21 License application.
O.A.C. 4715-9-03 Requirements for initial licensure for dental hygienists.

II. Applicability

The policy applies to the treatment within scope of dental practice for licensed dentists and dental hygienists.

III. Definitions

Dental hygienist The American Dental Association (ADA) defines the profession of dental hygiene as, including but not limited to:
- Patient screening procedures; such as assessment of oral health conditions, review of the health history, oral cancer screening, head and neck inspection, dental charting and taking blood pressure and pulse
- Taking and developing dental radiographs (x-rays)
- Removing calculus and plaque (hard and soft deposits) from all surfaces of the teeth
- Applying preventive materials to the teeth (e.g., sealants and fluorides)
- Teaching patients appropriate oral hygiene strategies to maintain oral health; (e.g., tooth brushing, flossing and nutritional counseling)
- Counseling patients about good nutrition and its impact on oral health
- Making impressions of patients’ teeth for study casts (models of teeth used by dentists to evaluate patient treatment needs)
- Performing documentation and office management activities

IV. Procedure

Using these definitions, the Board considers available scientific evidence, educational requirements of the Commission on Dental Accreditation (CODA) accredited dental hygiene programs and peer reviewed accredited educational programs consistent with an evidenced based approach to dentistry, to aid in its determination of the scope of dental hygiene practice.

The ADA has a code of ethical and professional conduct for the practice of dentistry. The American Dental Hygienists’ Association (ADHA) has the Bylaws &Code of Ethical Conduct which governs the conduct of dental hygiene membership. All dentists and dental hygienists must be aware of their own limitations and level of training in determining their individual competence levels within the scope of practice of dentistry and dental hygiene. Using these bylaw and ethical and professional standards each dental hygienist chooses how to practice dental hygiene. The expectation, for all patients, is the dental hygienist is competent in providing adequate and appropriate treatment.

V. Attachments

- Form: Permissible Practices Documentation for Dental Hygienists
• The ADA Principles of Ethics and Code of Professional Conduct, November 2016
• The ADHA Bylaw and Code of Ethics, June 13, 2016

VI. Monitoring

The supervisory staff overseeing the daily practices of the procedures contained within this policy shall utilize quality tools and instruments to ensure compliance.

An interdisciplinary team comprised of the Director, Deputy Director, and Policy Committee of the Board, shall meet as needed throughout the year to review policies and procedures and integrate collaborative services. Assigned designees may represent each of these respective disciplines. All policies must be documented as an official review in the policy database on an annual basis.

Each year, the policy design team shall review the quality assurance data and results derived from audit reports, quality tools and instruments, legal or investigatory measures, and interdisciplinary team meeting summaries and/or actions, and incorporate the findings and other improvement recommendations as revisions to the current policies and procedures or develop new policies when necessary.

VI. Training

This revised policy requires staff education or training prior to policy implementation.

VII. References

<table>
<thead>
<tr>
<th>Reference</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O.R.C. 4715.01</td>
<td>Dentists – dental hygienist definitions</td>
</tr>
<tr>
<td>O.R.C. 4715.21</td>
<td>License application.</td>
</tr>
<tr>
<td>O.R.C. 4715.23</td>
<td>Practice limitations.</td>
</tr>
<tr>
<td>O.A.C. 4715-9-01</td>
<td>Permissible practices of a dental hygienist.</td>
</tr>
<tr>
<td>O.A.C. 4715-9-03</td>
<td>Requirements for initial licensure for dental hygienists.</td>
</tr>
</tbody>
</table>
Appendix K

Public Records Request Policy of the Ohio State Dental Board

I. Purpose:

The purpose of this policy is to establish office procedures for responding to requests for public records made pursuant to Ohio Revised Code (ORC) Section 149.43, Availability of public records. This policy supersedes all previous public records policies.

II. Defining Public Records:

A "public record" is defined as any document, device, or item, regardless of physical form or characteristic (i.e. paper, documents, photocopies, maps, drawings, photographs, e-mail, computer disks, audio, and video tape recordings) that is created by a public office, received by a public office, or coming under the jurisdiction of a public office which serves to document the organization, functions, policies, decisions, procedures, operations, or other activities of the office. This definition is broad enough to encompass almost anything a governmental unit utilizes to carry out its duties and responsibilities.

These records must be organized and maintained so that they are readily available for inspection and copying.

There are certain exceptions to disclosure under R.C. Section 149.43 which include, but are not limited to, medical records, trial preparation records, attorney client work product of communications, confidential law enforcement investigatory record, and more specific to the Ohio State Dental Board is R.C. 4715.03(D), which states in pertinent part: "Proceedings of the board relative to the investigation of a complaint or the determination whether there are reasonable grounds to believe that a violation of this chapter has occurred are confidential and are not subject to discovery in any civil action."

III. Response Timeframe

Public Records are available for inspection during regular business hours (Monday through Friday, 8am to 5pm), with the exception of State of Ohio government holidays. Public records are made available for inspection within those time frames. If the requestor does not want to inspect the records at Board offices, but would rather receive copies of records, they will be made available within a reasonable period of time. What is a reasonable period of time is determined by the number/volume of records requested, whether the records are on site or in off-site storage, and whether a legal review is required.
Each request is sent to the Deputy Director for review and evaluation of the estimated length of time required to gather the records. The Deputy Director can approve the immediate release of routine requests. Routine requests include, but are not limited to, notices of opportunity for hearing, consent agreements, copies of board meeting materials, etc. These requests are satisfied within three business days and then logged by the Board's Enforcement Secretary in the Board’s official log.

Non-routine requests are reviewed by the Deputy Director, who consults with the Executive Director prior to releasing the records.

IV. Handling Requests

While requests do not need to be in writing and there is not specific language required, the requestor must at least identify with sufficient clarity to allow the office to identify, retrieve and review the records. If it is not clear what records are being sought, the Deputy Director will contact the requestor for clarification and, if needed, can assist the requestor in revising the request by informing the requestor of the manner in which the office keeps its records.

A log of all public records requests will be maintained in the office. The log will consist of the name of the individual/group making the request (if that information is provided), the date of the request and the date the items were sent, what specific items were released (i.e. number of pages, case number, copies, etc.) and the name of the Board employee(s) completing the request. The Board also maintains a copy of what was provided to the requestor(s).

The Board is not under any obligation to create records or provide information to the requestor. A record must exist on the date it is requested. An electronic record is deemed to exist on the date of the request if a Board computer or program is able to produce the record through simple sorting, filtering or querying. Although the Board is not required to do so by law, the Board will attempt to accommodate requestors by generating these records when it makes sense and is practical under the circumstances.

The Board will provide the records in the manner requested (i.e. paper, electronic, flash drive, etc.).

V. Confidential or Privileged Records

Records which are deemed confidential attorney client communications and/or created in preparation for trial will be redacted or withheld in their entirety. These records will be reviewed by the Deputy Director and/or the Board's Assistant Attorney General, both of whom are able to make the determination that the records are not subject to release under the public records act.
VI. Denial or Redaction of a Request

If the requestor makes an ambiguous or overly broad request for public records, the request may be denied by the Board, but the denial letter will provide the requestor the opportunity to submit a revised request and will inform the requestor of the manner in which records are maintained and accessible by the office.

When the Board denies a request and/or redacts or withholds records, the Board will provide an explanation, in writing, including the legal authority to do so. If redactions are necessary to only certain information in a document, the remainder of the information will be provided and will not be redacted.

VII. Costs

While the Board has the ability to charge the requestor with the actual cost of paper, flash drives and mailing costs, the Board does not require the requestor to pay these costs.

(effective March 24, 2017)