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OHIO STATE DENTAL BOARD

BOARD MEETING

SEPTEMBER 14, 2016

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 September 14, 2016. Board members present were:

Marybeth Shaffer, D.M.D., President
Constance Clark, R.D.H., Vice President
Ashok Das, D.D.S., Secretary
Martin Chambers, D.D.S., Vice Secretary
Bill Anderson, D.D.S.
Ann Aquillo
Michael Ginder, D.D.S.

Patricia Guttman, D.D.S.
Jeanne Huber, R.D.H.
Burton Job, D.D.S.
Susan Johnston, R.D.H.
Charles Smith, D.D.S.
Kumar Subramanian, D.D.S.

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 Dentists Concerned for Dentists; Nelson Heise, Senior Case Manager for Ohio Physicians Health Program; Eleanore Awadalla, D.D.S., Representative to the American Board of Dental Examiners; Anne Missig, R.D.H.; Harry Kamdar, M.B.A., Executive Director, Lyndsay Nash, Esq., Deputy Director, Zachary Russell, Legislative and Communications Coordinator, Barb Yehnert, Dental Board Enforcement Officer, Pamela Cartwright, Fiscal Officer, and Malynda Franks, Administrative Professional, of the Ohio State Dental Board and other guests.

Call to Order
Dr. Marybeth Shaffer introduced herself as the Board President, a general dentist from Columbiana. After extending greetings to everyone President Shaffer noted that there was a quorum present and called the meeting to order at approximately 1:38 p.m.

Board Business

Introduction of Board Members
President Shaffer then introduced the rest of the Board members. She introduced Ms. Connie Clark, the Board’s Vice President, a dental hygienist from Dublin, Dr. Ashok Das, the Board’s Secretary and a general dentist from Mason, Dr. Martin Chambers the Board’s Vice Secretary, a general dentist from Cleveland, Dr. Bill Anderson, a general dentist from Findlay, Ms. Ann Aquillo, the Board’s Public member from Powell, Dr. Michael Ginder, a general dentist from Athens, Dr. Patricia Guttman, a general dentist from Columbus, Ms. Jeanne Huber, a dental hygienist from Dayton, Dr. Burton Job, an oral and maxillofacial surgeon from Akron,
Ms. Susan Johnston, a dental hygienist from Columbus, Dr. Charles Smith, a general dentist from Tipp City, and Dr. Kumar Subramanian an endodontist from Upper Arlington.

Approval of Agenda
President Shaffer stated that she had previously approved 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 Ms. Johnston, second by Dr. Das, to approve the September 14, 2016 Board meeting agenda as presented.

Motion carried unanimously.

Review of Board Meeting Minutes

July 27, 2016 Board Meeting Minutes
Motion by Ms. Clark, second by Dr. Subramanian, to approve the July 27, 2016 Board meeting minutes as presented.

Motion carried unanimously.

Public Comment/Presentations/Correspondence

Presentation
American Board of Dental Examiners Examination Committee Meeting –by Eleanore Awadalla, D.D.S.
President Shaffer introduced former Board member Eleanore Awadalla, D.D.S. to present her report on the American Board of Dental Examiners (ADEX) Examination Committee Meeting. Dr. Awadalla began by distributing a copy of a recent article that appeared in the American Dental Association’s August 22, 2016 ADA News issue entitled “Shifting focus on patients: New licensure exam seeks to address ethical dilemmas” [Appendix A]. She then stated that she was before them to present the highlights of the 12th Annual ADEX Examination Meeting. She apologized for not appearing in person the previous year to present her report but explained that she was recovering from spinal fusion surgery and was unable to make the drive down to Columbus from Toledo to present her report. Dr. Awadalla then provided her report to the members highlighting the areas of the examination that would be changed and explaining their reasoning for making the changes [Appendix B].

Upon completion of her reporting on the examination changes, Dr. Awadalla briefly discussed the article that she had distributed earlier, explaining that the article discussed a collaborative effort to create an ADEX examination that is administered by the Commission on Dental Competency Assessments (CDCA) which meets the ADA policy on curriculum integrated format (CIF) for clinical licensure. She stated that the goal of the new examination model is to create and provide an exam that eliminates or addresses many of the ethical issues involved in using patients in clinical licensure examinations. Dr. Awadalla explained that the curriculum integrated format would now be patient centered and that the exam would be performed by candidates on patients of record within a sequenced treatment plan and that all portions of the assessment would be
available multiple times at each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan. She then entertained questions regarding the new CIF examinations.

Dr. Awadalla relayed some additional news from the examining committee in that she informed the members that the state of California was going to be joining ADEX. She stated that the goal of having every state providing the same examination was getting closer. Additionally, Dr. Awadalla stated that she has been voted in as Director of four (4) states in order have Ohio more involved in the ADEX examination since her term as Representative to the Examination Committee was almost up. She also informed the members that Janet Bolina, D.D.S. of The Ohio State University had been appointed as the ADEX Representative for our district. Dr. Awadalla stated that she is aware that the Board voted last year to have former Board member Mary Ellen Wynn succeed her as the new ADEX Representative to the Examination Committee. However, she explained that she has been asked to approach the Board and request them to select a current Board member to be appointed as the representative. Dr. Awadalla expressed that any Board member can be appointed but she especially encouraged the specialists and educators on the Board explaining that ADEX was always looking for Examining Committee members with these types of credentials and expertise.

Dr. Shaffer thanked Dr. Awadalla for coming and providing her presentation to the Board.

Correspondence

*Instrument Sterilization from Douglas J. Mayer of Dentsply Sirona*

President Shaffer informed the members that she had received an e-mail correspondence from Douglas Mayer of Dentsply Sirona on behalf of his fellow employees Dee Anna Seaholts and Ashley Drane regarding current Ohio State Dental Board infection control rules on sterilization of instruments. In his e-mail, Mr. Mayer pointed out deficiencies in the current Board rules and cited current Federal Drug Administration (FDA) and Centers for Disease Control (CDC) guidelines specifically as they relate to the heat sterilization of low-speed handpieces. President Shaffer then read Mr. Mayers e-mail correspondence to the Board [Appendix C]. After reading the correspondence, Dr. Shaffer stated that she would be forwarding this information to the Law and Rules Review Committee so that this subject may be researched and she asked the Committee to report back to the Board at a later date with their findings.

Action Items

**Supervisory Investigative Panel Expense Report**

Dr. Das, the Board’s Secretary, and Dr. Chambers, the Board’s Vice Secretary, both attested that they had each spent at least twenty (20) hours per week attending to Board business.

**Motion by Dr. Anderson, second by Ms. Johnston, to approve the Supervisory Investigative Panel Expense report.**

Motion carried unanimously.

**Approval of Hearing Examiners**

President Shaffer stated that the next order of business was to approve the Board’s Hearing Examiners. She indicated that the Board members had the information on three (3) individuals who, once approved would
preside over the hearings for the Board and provide Report and Recommendations upon conclusion of the hearings. The members then reviewed the information provided on the following individuals:

Larry Pratt, Esq. – Renewal
Chester Lyman, Esq. – Renewal
Ronda Shamansky, Esq. – New

Motion by Dr. Job, second by Dr. Subramanian to approve Larry Pratt, Esq., Chester Lyman, Esq., and Ronda Shamansky, Esq. as attorney hearing examiners for the Board.

Motion carried unanimously.

Enforcement

Personal Appearances

David R. Beckman, D.D.S.
President Shaffer then turned the meeting over to Dental Board Enforcement Officer Barb Yehnert to provide the summary for the Personal Appearance of Dr. David R. Beckman.

Ms. Yehnert thanked President Shaffer and then gave the members a brief history in the matter of Dr. Beckman. She stated that Dr. Beckman was making his second appearance on his fourth Consent Agreement with the Board. She then outlined Dr. Beckman’s history with the Board as follows:

- On September 10, 2003, he entered into his first Impairment Consent Agreement.
- On January 7, 2004 his dental license was fully reinstated.
- On June 2, 2004, he entered into his second Impairment Consent Agreement.
- On April 18, 2007, he was issued a Notice of Opportunity for hearing as a result of noncompliance in requirements set forth in the September 10. 2003 consent, resulting in Dr. Beckman entering a third consent agreement.
- On July 11, 2007 he entered into his third consent adding six (6) months of probation making the completion date June 7, 2009.
- On July 14, 2008 The Board granted Dr. Beckman’s request to be excused from the added six (6) months of probation. Bringing the completion date back to the original date of January 7, 2009.
- On April 29, 2016 Dr. Beckman entered into his forth impairment consent.

Ms. Yehnert stated that Dr. Beckman entered Glenbeigh residential treatment on April 29, 2016, and was discharged May 27, 2016. She stated that Dr. Beckman’s return to work assessment was completed on July 12, 2016. She stated that Dr. Beckman had his first appearance before the Board on July 27, 2016, to request reinstatement of his work privileges. She indicated that the Board did not reinstate his license at that time but requested that he return to appear before the Board at their meeting in September. Ms. Yehnert concluded by informing the members that Dr. Beckman remains in full compliance with the terms of this consent agreement with the Board.
Upon questioning by the Board, Dr. Beckman thanked the board for inviting him back before them to talk about the privilege of retaining his dental license in the state of Ohio and stated that it is indeed a privilege. He said that he had been thinking back, as he and his wife were driving down to the meeting that day, that thirteen (13) years ago when he was before the Board he remembered thinking that he would never be back before them for this reason or any other reason and that at that time he meant it. He informed the members that they have four (4) children; all adults, two (2) out of college and (2) still in college, and none of them had any idea that this was occurring. Dr. Beckman stated that his youngest child, his daughter, came out recently for a family day and was obviously upset, distraught and could not understand how this had happened. He explained that she had questioned that given all the education he had, given what he knows about this disease and how it affected him, and given his previous time in recovery, how could this have happened again. He explained to the Board that while he would not get into all of the answers he had given her, he believes that it speaks to the testament of how subtle, insidious, and progressive this disease is for people like him who do not keep the treatment modalities in place in their lives that they know will work. He commented that he is aware that the composition of the Board has changed a little bit in the past thirteen (13) years, however, he is very grateful that the Board still has a compassionate stance towards licensees and their treatment and that they put parameters in place that enable licensees like himself to continue to lead productive lives. Dr. Beckman concluded by informing the Board that he was obviously anxious to get back to work to be a provider to those patients that have been waiting for him, to return to being a full time employer for those who rely on him for their livelihood, and to return to supporting his family and continue to make provisions for them. He stated that he would be grateful for whatever privileges the Board may extend.

Ms. Johnston asked Dr. Beckman what he felt was different this time around in regards to his recovery. Dr. Beckman stated that was a question he had asked of himself a couple of times and that he feels the difference this time is that he recognizes this is lifelong for him, that he is not “cured” of this disease, that this is a lifelong progressive thing where he needs to keep the things in life that kept him sober before. He stated that he is not sure in the past that he had that thought. He stated that in the past he kept telling himself that he was a smart person, that he knew he could get past it, and that he knew the right things to do. Dr. Beckman said that once he eliminated the support groups and those people in his life that helped keep him sober then he slowly relapsed.

President Shaffer thanked Dr. Beckman for sharing his information and stated that the Board would discuss this matter during executive session. President Shaffer explained that she would be recusing herself in the next matter and then turned the meeting over to Vice President Clark for the personal appearance of Dr. Sabrina Mickel.

Sabrina Mickel, D.D.S.
Ms. Yehnert gave the members a brief history in the matter of Dr. Sabrina Mickel. She stated that Dr. Mickel was making her second appearance on her Impairment Consent Agreement with the Board. She stated that Dr. Mickel entered into her Impairment Consent Agreement with the Board on March 10, 2016, and subsequently entered into treatment with Glenbeigh on March 18, 2016. She informed the members that Dr. Mickel was discharged on April 14, 2016, and that Glenbeigh’s Discharge Summary required a return to work physiological assessment. That physiological assessment was completed by James R. Eisenberg, Ph.D., A.B.P.P. on June 27, 2016. She noted Dr. Eisenberg’s summary statement was as follows:
“It is my opinion that as long as Dr. Mickel participates fully in her aftercare and relapse prevention program, she presents as low risk for relapse. The longer she remains drug free the better the prognosis. Under the conditions listed above (relapse prevention) I see no reason why she could not return to work.”

Ms. Yehnert informed the members that Dr. Mickel made her first appearance before the Board on July 27, 2016, wherein she had requested reinstatement of her license to practice dentistry. Ms. Yehnert stated that the Board did not reinstate Dr. Mickel’s license at that time but had invited her to appear before them at their September meeting. She stated that Dr. Mickel is in full compliance with the terms of her consent agreement and that she was before them to request consideration of reinstatement of her license to practice dentistry. Ms. Yehnert stated that Dr. Mickel was accompanied by her attorney, Todd Newkirk, Esq.

Upon questioning by the Board, Dr. Mickel stated that she was returning again with the same spirit, humble and contrite. She stated that she has been in recovery for six (6) months and that her license to practice has been suspended for those six (6) months. She stated that she has learned a lot over that time and that she believes that there were technicalities as to why she has been out of practice for so long. Dr. Mickel explained that she was there with new counsel because of miscommunication with her previous counsel. She clarified that she had not received many of the e-mails that Enforcement Officer Barb Yehnert had sent her which made it appear as though she was out of compliance, and explained that she was out of compliance because she was unaware of those e-mails. Dr. Mickel apologized for that but again clarified that she did not know and therefore, would never have purposefully not followed through with what was being requested of her. She stated that her caduceus and recovery programs were going very well and that she has found success in some alternative ways to deal with her chronic back pain. Dr. Mickel stated that she is very thankful for those alternative pain management therapies.

Dr. Mickel informed the members that she has purposefully set up her Alcoholics Anonymous (AA), caduceus, and aftercare meetings to work with her previous work schedule so she can maintain the meetings when and if her license is reinstated. She stated that she has a home group that she just celebrated with her six (6) months of sobriety yesterday. She stated that she is concerned about her patients that are waiting for her return to work as her staff has a list of about 150 patients who are refusing to see anyone else for their dental needs. Dr. Mickel stated that in light of that she was humbly requesting reinstatement and that she would not take a reinstatement of her dental license for granted or abuse that privilege in any way.

Ms. Huber questioned Dr. Mickel regarding her alternate therapies for her chronic back pain. Dr. Mickel explained that she had been using yoga therapy, cold therapy, acupuncture, and found that some physical exercise is the best.

Dr. Chambers asked if in the past when she was impaired were there any circumstances where she was using her DEA license to prescribe drugs for her friends and employees to obtain drugs for her habit. Dr. Mickel responded that there were instances where she would need some pain prescriptions to get her through the day and she would ask for some from a staff member or she would call in a prescription for them to share with her.
Dr. Chambers asked if Dr. Mickel still had her DEA license and if there was any time in her past when she did not have a DEA license. Dr. Mickel explained that she does not hold a DEA license currently and that she had surrendered the license once before in the past when she had been admitted to a 48-hour evaluation.

Vice President Clark stated that they appreciated Dr. Mickel’s sharing with the Board and then asked if there were any additional questions from the Board. Hearing none, she concluded the Personal Appearances discussions.

**Executive Session**

Motion by Ms. Aquillo, second by Ms. Johnston, 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
- Ms. Aquillo – Yes
- Dr. Chambers – Yes
- Ms. Clark – Yes
- Dr. Das – Yes
- Dr. Ginder – Yes
- Dr. Guttman – Yes
- Ms. Huber – Yes
- Dr. Job – Yes
- Ms. Johnston – Yes
- Dr. Smith – Yes
- Dr. Subramanian – Yes
- Dr. Shaffer – Yes

Motion carried unanimously.

**Open Session**

At 3:25 p.m. the Board resumed open session.

**Decision in the Matter of David R. Beckman, D.D.S.**

Motion by Ms. Johnston, second by Dr. Anderson, to restore full privileges to practice dentistry to Dr. Beckman as long as he remains in full compliance with the terms of his consent agreement and as long as he signs an addendum to the consent agreement that he will submit to random drug screenings as long as he holds a dental license in Ohio. Further, Dr. Beckman agrees to permanently surrender his dental license if he tests positive for drugs or alcohol for as long as he holds an active dental license. Dr. Beckman’s privileges will be restored immediately upon signing the addendum to his consent agreement.

Motion carried with Dr. Chambers abstaining.

**Decision in the Matter of Sabrina E. Mickel, D.D.S.**

Motion by Dr. Job, second by Dr. Smith, that Dr. Mickel’s dental license be reinstated to sixteen (16) hours per week on the agreement that she sign an addendum which states she will stay in full compliance with the terms of her consent agreement for the balance of her agreement with the Board and that she will not apply for a DEA license in the future without permission of the Ohio State Dental Board.
Motion carried with Ms. Aquillo opposed and Drs. Shaffer, Subramanian, Das, and Chambers abstaining.

President Shaffer noted for the record that she, along with Drs. Subramanian, Das, and Chambers, had not attended the executive session and, therefore, were not present during the deliberations in this matter.

**Review of Proposed Monitoring Agreement(s)**

The Board reviewed two proposed Monitoring Agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes.

**Maggie K. Coburn, Dental Assistant Radiographer**

Motion by Ms. Aquillo, second by Dr. Subramanian, to approve the proposed monitoring agreement for Maggie K. Coburn, Dental Assistant Radiographer, certificate number 51.028500 and case number 15-78-0340.

Motion carried unanimously.

**Natasha M. Diaz, Dental Assistant Radiographer**

Motion by Dr. Subramanian, second by Ms. Clark, to approve the proposed monitoring agreement for Natasha M. Diaz, Dental Assistant Radiographer, certificate number 51.014566, and case number 16-47-1018.

Motion carried unanimously.

**Review of Proposed Consent Agreement(s)**

The Board reviewed two proposed Consent Agreements. The names of the individuals/licensees were not included in the documents reviewed by the Board. The names of the individuals/licensees have been added to the minutes for public notice purposes.

**Disciplinary**

**Thomas R. Gerosky, D.D.S.**

Motion by Ms. Johnston, second by Dr. Subramanian, to approve the proposed consent agreement for Thomas R. Gerosky, D.D.S., license number 30.016283, and case number 16-47-1003.

Motion carried unanimously.

**Non-Disciplinary**

**Yun Wang, D.D.S.**

Motion by Ms. Johnston, second by Dr. Subramanian, to approve the proposed consent agreement to issue a license to practice dentistry and limit the practice for Yun Wang, D.D.S., license number 30.24914 to periodontology.

Motion carried unanimously.
Review of Proposed Notices of Opportunity for Hearing
The Board reviewed one proposed Notice of Opportunity for Hearing. The name of the individual/licensee was not included in the documents reviewed by the Board. The name of the individual/licensee has been added to the minutes for public notice purposes.

John Y. Lu, D.D.S.
Motion by Ms. Johnston, second by Dr. Subramanian, to approve the proposed notice of opportunity for hearing for John Y. Lu, D.D.S., license number 30.020180, case numbers 14-43-0070 and 12-43-0172.

Motion carried with Dr. Shaffer abstaining.

Enforcement Update
Ms. Nash began the report by informing the Board that there was one (1) case pending hearing but noted that the licensee was currently incarcerated for eighteen (18) months and therefore the hearing would not be held until early 2018. She indicated that there were no pending Hearing Examiners Report and Recommendations, that there were currently forty-eight (48) licensees and certificate holders under suspension, thirty-seven (37) licensees on probation, and that there were one hundred and twenty-six (126) active cases. Ms. Nash said that there were no licensees currently participating in QUIP with one (1) new licensee referred to QUIP. She informed the members that there were sixty-four (64) cases which have been investigated and reviewed by the Board Secretaries and are recommended to be closed with eight (8) warning letters being issued.

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.", President Shaffer reviewed the cases to be closed with the Board.

The following cases are to be closed:

| 11-39-0163 | 15-76-0516 – Warning Ltr | 16-26-1239 |
| 11-39-0378 | 16-02-1140 | 16-28-1151 – Warning Ltr |
| 13-17-0292 | 16-13-1230 | 16-31-1094 |
| 13-47-0365 | 16-18-1178 | 16-31-1185 – Warning Ltr |
| 14-39-0021 | 16-18-1221 | 16-31-1214 |
| 14-77-0360 | 16-18-1222 | 16-31-1229 – Warning Ltr |
| 14-89-0337 | 16-18-1228 | 16-31-1243 |
| 15-31-0490 | 16-18-1261 | 16-48-1062 |
| 15-39-0025 | 16-25-1035 | 16-48-1156 |
| 15-39-0402 | 16-25-1195 | 16-48-1236 |
| 15-39-0404 | 16-25-1241 | 16-57-1043 |
| 15-47-0390 | 16-25-1241 | 16-57-1187 |
| 15-47-0459 | 16-25-1285 | 16-57-1262 |
Prior to the vote to close the above listed cases, President Shaffer 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
Ms. Aquillo – No
Dr. Chambers – No
Ms. Clark – No
Dr. Das – No
Dr. Ginder – No
Dr. Guttman – No
Ms. Huber – No
Dr. Job – No
Ms. Johnston – No
Dr. Smith – No
Dr. Subramanian – No
Dr. Shaffer – No

President Shaffer then called for a motion to close the cases.

**Motion by Dr. Subramanian, second by Ms. Clark, to close the above sixty-four (64) cases.**

Motion carried unanimously.

President Shaffer thanked Ms. Nash for the Enforcement Report and Update.

**Executive Session**

**Motion by Ms. Aquillo, second by Dr. Subramanian, 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
Ms. Aquillo – Yes
Dr. Chambers – Yes
Ms. Clark – Yes
Dr. Das – Yes
Dr. Ginder – Yes
Dr. Guttman – Yes
Ms. Huber – Yes
Dr. Job – Yes
Ms. Johnston – Yes
Dr. Smith - Yes
Dr. Subramanian – Yes
Dr. Shaffer – Yes

Motion carried unanimously.

President Shaffer requested Director Kamdar and Ms. Nash to attend the Executive Session and Ms. Bockbrader to attend the Executive Session to provide the legal update.

Open Session

At 4:18 p.m. the Board resumed open session.

Licensure

License/Certification/Registration Report (Approved by the Licensure Section)

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

Dentist(s) – (34)

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Dental Hygienist(s) – (36)

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MEETING MINUTES  
OHIO STATE DENTAL BOARD  
SEPTEMBER 14, 2016

31.015254  Kimberly Lynn Sheredy  31.015271  Nisha Shailesh Patel
31.015252  Payton Makenzie Houck  31.015273  Amanda Marie Colbourn
31.015253  Shelley Lynn Travarca  31.015269  Emily Kate Nutley
31.015251  Lori Lynn Miller  31.015272  Lauren Lee Cline
31.015257  Linda Lam Tran  31.015274  Courtney Renee Evans
31.015259  Runah Assad  31.015275  Brandi Jalynn Liggens
31.015261  Nicole Ann Zahn  31.015278  Veronica Venice Harris
31.015262  Jamie Jo Shriver  31.015282  Abby Lynn Crowell
31.015260  Maria Evett Ulisses  31.015280  Madison Olivia Bonamico
31.015263  Angela Leigh Mccorquodale  31.015279  Candace Lynn Mowrer
31.015268  Anedra Nicole Lemasters  31.015281  Kelly Corrine Studer
31.015265  Stephanie Renee Krugh  31.015277  Sara Elizabeth Adkins
31.015267  Tiffani Nicole Yurco  31.015287  Brenna Borup
31.015266  Jennifer Leean Harris  31.015284  Helene Tesfagirgis
31.015264  Julie Ann Mountain  31.015285  Michael John Thurston
31.015270  Melissa Shicole Stoffer  31.015286  Sokjeat Seng

Dental Assistant Radiographer(s) – (164)

51.030379  Devinee Jade Garabedian  51.030403  Alyssa Marie Rooker
51.030405  Paige Jordan Poth  51.030385  Kimberly Marie Clark
51.030400  Destina Mary Mae Blevins  51.030399  Britny Sue Whittaker
51.030387  Katelyn Rae Mccormack  51.030394  Sacoiya Deshe Pruitt
51.030386  Taylor Brooke Parrott  51.030396  Hannah Marie Dresser
51.030380  Courtney Rae Sposito  51.030402  Jenna Lee Hutzel
51.030401  Nisreen Al Jallad  51.030373  April Dawn Shafer
51.030376  Lyndsey Jo Barker  51.030383  Kaylin Megan Stanley
51.030374  Tatum Miriah Heath  51.030398  Shannon Elizabeth Spohn
51.030375  Jill Brook Balsly  51.030406  Xenia M Walker
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51.030395  Hennessey  51.030391  Eileen Mary Winsley
51.030393  Summer Ashlyn Percifull  51.030389  Andrea Nicole Seese
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51.030377  Alexandria Nichole Watts  51.030410  Amanda Lee Tuttle
51.030388  Erin Ashley Sinha  51.030425  Shianne Renae Kidd
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**Limited Resident's – (11)**

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**Coronal Polishing – (18)**

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Meeting Minutes

Ohio State Dental Board

September 14, 2016

CP.001642 Latonia Lee Branch
CP.001645 Jennifer Lynn Cross

Expanded Function Dental Auxiliary – (14)

EFDA.002479 Leslee A Weaver
EFDA.002480 Krystal Rochelle Baab
EFDA.002478 Jennifer K Dumont
EFDA.002476 Chelsea K Williams
EFDA.002481 Marina Elizabeth Knappe
EFDA.002477 Kasey L Nowotka
EFDA.002482 Melissa Shicole Stoffer

EFDA.002483 Tyler Laine Stolz
EFDA.002484 Mohammed Saib Qaraja
EFDA.002485 Mariah Michelle Becerra
EFDA.002487 Victoria Elizabeth Leelyn Kalmer
EFDA.002486 Sarah Marie Medina
EFDA.002488 Joshua Timothy Morey
EFDA.002489 Julie Ann Constantine

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

Motion carried unanimously.

Oral Health Access Supervision Permits

President Shaffer stated that the Board’s Licensing Manager had reviewed the applications and recommended that the following individuals receive Oral Health Access Supervision Permits:

Dentists
James K. Kwasniak, D.D.S. - Holland, Ohio
Melinda Rote, D.D.S. – Cincinnati, Ohio

Motion by Ms. Johnston, second by Dr. Das, to grant Oral Health Access Supervision Permits to the applicants as listed.

Motion carried unanimously.

Reinstatement Application(s)

Dental Hygienist(s)
Rana Rokles, R.D.H.
Tracy Kinski, R.D.H.

Motion by Ms. Johnston, second by Ms. Huber, to reinstate the licensees to practice dental hygiene in the state of Ohio as listed.

Motion carried unanimously.
Committee Reports

Ad Hoc
Vice President Connie Clark stated that the Ad Hoc Committee (Committee) had met earlier that day with all members attending except Dr. Smith and then she thanked Dr. Ginder for taking the notes of the meeting.

Draft Expert Witness Application
Ms. Clark distributed a draft copy of the new Expert Witness Application explaining that the Committee approved the application to be used for expert witnesses to complete along with submission of their current curriculum vitae or resume. She stated that the application is a compilation of all the information that the Committee has been gathering over the last six to eight (6-8) months and included the adopted criteria for expert witnesses that was established in May 2016.

Review of Expert Resumes
Ms. Clark stated that the Committee had reviewed information submitted from licensees who wish to be considered as expert witnesses for the Board and that the Committee was recommending approval of the following individuals as expert witnesses:

Endodontics
Thomas Montagnese, D.D.S., M.S.

General Dentist
James E. Blank, D.D.S.
Johathan K. Davis, D.D.S.
Sylvia M. Kramer, D.D.S.

Oral and Maxillofacial Surgeons
Joseph Krajekian, D.M.D., F.A.A.O.M.S.

Prosthodontics
Michel G. Venot, D.D.S., M.Sc.D.

Ms. Clark indicated that one individual, Mikey C. Harrison, D.D.S., had withdrawn his original request for consideration.

Continuing, Ms. Clark stated that it was the request of the Committee to have Deputy Director Lyndsay Nash contact each of the expert witness to assist them with the process and guide them in their responsibilities as expert witnesses.

New Subcommittee for Review of Expert Witness Applications
Ms. Clark stated that with the lengthy number of applications and resumes that were reviewed at this meeting, it was decided that a subcommittee should be created specifically for the purpose of reviewing Expert Witness Applications much like the Education Committee reviews sponsor applications. She stated that it would be the responsibility of the Subcommittee to review the applications and provide feedback to
Ms. Nash prior to being reviewed by the full Ad Hoc Committee. Ms. Clark stated that the Subcommittee was comprised of two (2) Board members, Dr. Ginder and Dr. Job with Dr. Ginder being Chair of the Subcommittee.

**Priority #5: Establish New Disciplinary Guidelines**

Ms. Clark stated that the disciplinary guidelines for Category 1: Improper Prescribing, Dispensing, or Administering of Drugs had been distributed to the members. She stated that President Shaffer had been chairing this portion of the Committee meetings and that she had asked for feedback on this specific section of the guidelines. Ms. Clark stated that the members have had ample opportunity to provide feedback to President Shaffer and that this document is being presented for approval at this time.

President Shaffer commented that the guidelines differ very little from the 1999 Disciplinary Guidelines but are an exact mirror to the Disciplinary Guidelines of the State Medical Board of Ohio.

Dr. Job expressed his concerns regarding who would be making any of the decisions in regards to determining something such as “inappropriate use of medication”, etc. It was clarified that these guidelines were to be used by the Board and the Supervisory Investigatory Panel (SIP) when determining a course of action with regards to violations of the Dental Practice Act.

Dr. Chambers explained that it would be the SIP, along with possibly one or two Board experts, who would make the determination on any sanctions. He then expressed that the Board could use a few more oral surgeons as expert witnesses if Dr. Job would like to make the suggestion to any of his colleagues that might be interested in providing their services to the Board as expert witnesses.

**Closing of Cases**

Continuing, Ms. Clark stated that she had been asked to bring a few matters before the Board that have come from the Committee. She stated that at each Board meeting, the Board is provided with a list of case numbers, but is not given any other information and is asked to close cases. Several individuals have raised concerns that the Board does not have enough information to determine whether to vote they should close a case. It has been proposed that the Supervisory Investigatory Panel (SIP) provide a short summary (2-3 sentences) to explain why they closed the case.

Ms. Clark stated that it has been moved and seconded out of Committee that the Supervisory Investigatory Panel (SIP) write a short summary (2-3 sentences) which explains why SIP decided to close each case. These summaries shall be provided to the Board in the Board packet which is received by the Board prior to each Board meeting.

Discussion followed wherein Dr. Chambers inquired as to whether the short summary needed to be two to three (2-3) sentences long since many cases may only require one sentence. It was decided that limitation be removed from the motion.

**Motion by Dr. Chambers, second by Dr. Das, to amend the original motion by removing the words “(2-3 sentences)”**.

The motion to amend the original motion carried unanimously.
The motion to approve the original motion as amended regarding the summary of cases to be closed carried unanimously.

**Length of Time Disciplinary Files Posted to Board Website**

Ms. Clark stated that the second matter she had been requested to bring to the Board regarded the length of time that disciplinary actions against licensees remained on the Board website. She stated that currently the Board maintains on its website, a license verification lookup which allows any member of the public to search to see whether a licensee has been subject to discipline by the Board. Those disciplinary documents are maintained on the license verification lookup and are not removed at any time. She stated that she believes that these records should be removed from the website after a certain period of time.

Ms. Clark stated that it has been moved and seconded out of committee that the Board publish, on its website, disciplinary documents for a period of five years and that the following documents are maintained on the Board’s website pursuant to the following terms:

- Adjudication Orders – five years
- Notices of Opportunity for Hearing – five years
- Consent Agreements – the length of the agreement (including probationary period) or five years, whichever is longer; and
- Voluntary permanent surrenders – permanently.

Discussion followed wherein Dr. Subramanian asked if the State Medical Board of Ohio (Medical Board) and the Ohio Board of Pharmacy maintain these documents on their website in the same manner. Ms. Nash informed the members that neither the Medical Board nor the Pharmacy Board remove disciplinary documents from their websites. Questions were raised with regards to the possibility of having the disciplinary action expunged to which the Boards Assistant Attorney General Katherine Bockbrader, Esq. explained that there are no statutory provisions in the Dental Practice Act that allow a licensee to seek expungement of disciplinary records. Additionally, Ms. Bockbrader asked for clarification of the “five year” timeframes recommended in the motion. Specifically when would the “five years” begin; from the date issued, the date of completion of the reinstatement terms, the date of completion of the probationary terms, etc.

Dr. Guttman suggested that rather than the Board staff being tasked with researching all the records to determine which disciplinary documents should be removed, the onus should be on the licensee to request that the disciplinary records be removed from the website along with providing evidence that the disciplinary documents were eligible for removal.

**Motion by Ms. Johnston, second by Dr. Subramanian, to indefinitely table the discussions and the motion regarding removal of disciplinary documents from the Board website.**

Motion carried unanimously.
Ms. Clark concluded her report by stating that the Committee had run out of time to complete all of the items on their agenda for the day and, therefore, they did not get to the Strategic Plan Priority #2- Explore Portability and Reciprocity.

Education

CE Audit Update
Ms. Johnston informed the Board members that the Education Committee had met earlier that morning with all committee members present. The first order of business was the status of the CE audits which she stated they have reviewed audits up to the letter “M”. She stated that she had previously reviewed some of the audits that had been “flagged” by staff due to concerns requiring further review by a Board member. Ms. Johnston stated that most of those she reviewed were in compliance, however, some will receive warning letters and only a small portion were being forwarded to SIP due to falsification of CE documents.

Permanent Continuing Education Sponsorship
Ms. Johnston stated that the Committee had received an application for Biennial Sponsorship from Physicians Care Connection in order that they may offer CE for licensees who volunteer at their clinic. However, she stated that the Committee would be sending a letter informing them of their Permanent Sponsorship status due to their affiliation with a local hospital and, therefore, they are not required to apply for sponsorship and can grant CE in compliance with the rules.

Review of Application(s)
Ms. Johnston stated that the committee had reviewed three sponsor applications and three sponsor renewal applications which had been submitted since the previous meeting for consideration of approval. She stated that all the applications were in compliance with the requirements set forth in the Dental Practice Act and Board guidelines.

2016-2017 Biennial Sponsor Application(s)
Phillip J. Beckwith, D.D.S., Specialist in Orthodontics
Falls Oral Surgery & Dental Implant Center
Skaates Family Chiropractic

2016-2017 Biennial Sponsor Renewal Application(s)
Matthew Lemke, D.D.S., M.S.
Michael Morgan, D.D.S., M.S.

Coronal Polishing Course Application(s)
Ms. Johnston stated that the committee had reviewed one Coronal Polishing Course application and one Medical Emergency Recognition Course application. She stated that the applications were in compliance with the requirements set forth in the Dental Practice Act and Board guidelines.

Herzing University, Akron Campus – “Coronal Polishing”
Medical Emergency Recognition Course Application(s)
Central Ohio Dental Society – “Medical Emergencies in the Dental Office: Why CPR is not enough.” By Larry Sangrik, D.D.S.

Strategic Priority #3 – Establishing Remediation Education Guidelines
Ms. Johnston stated that as was discussed during the previous meeting and reported to the full Board in July, the Committee had established some guidelines in regards to remedial education providers. However, she stated that one Committee member pointed out that providers are the institutions or universities which are Commission on Dental Accreditation (CODA) approved and that the Committee was viewing that as the criteria for approval of instructors. Therefore, Ms. Johnston stated that the Committee will be amending the guidelines to reflect that correction to instructor qualifications. She stated that that providers are now the schools and the instructors are the ones that will be teaching the remedial education.

Action items
Ms. Johnston stated that the Committee has directed Ms. Franks to draft a letter to the Physicians CareConnection informing them of their Permanent sponsorship status.

Strategic Priority #4 – Develop Online C.E. Tracking and Monitoring
Ms. Johnston stated that she along with Ms. Huber, Dr. Guttman, Dr. Smith, and Dr. Subramanian would be willing to meet with the three (3) CE tracking companies on Tuesday evening prior to the Board meeting on Wednesday in November. She stated that the Committee would like to provide the companies with sufficient time to present the information on how each company can best meet the needs of the Board. She then inquired as to whether having the members meet the night before the Board meeting was subject to the Sunshine Laws and whether they were permitted to meet in that regard. Ms. Nash stated that the Committee members could meet so long as they gave proper notification of the public meeting.

Ms. Johnston stated that they would finalize the arrangements and have Ms. Franks notify the CE tracking companies along with sending out notification to the Boards e-mail distribution list informing them of the meeting.

Motion by Ms. Clark, second by Dr. Subramanian, to accept the Education Committee report and to approve the applications as presented.

Motion carried unanimously.

Law and Rules Review
Dr. Chambers stated that the Law and Rules Review Committee met earlier that day at 9:15 a.m. in room 1960 of the Vern Riffe Center. He stated that at the May 18th meeting the committee began reviewing several rules that the Board believes need to be revised in light of the ruling of the Federal Trade Commission (FTC) vs. the North Carolina Board of Dental Examiners (FTC vs. NC) in particular the Board focused on specialty designation rule 4715-5-04 and the advertising specialty services rule 4715-13-05. Dr. Chambers said that the Committee heard many comments and opinions from Committee members and guests. He said that the discussions were very productive as the committee heard opinions regarding this controversial issue facing dental boards throughout the country. He said there is the need to discuss the revisions to recognized specialties in dentistry, that actions throughout the country and our court systems leave dentistry in charge of providing
for recognition of additional qualified specialties. The Committee was reminded that in Ohio a separate specialty license does not exist. He stated that the Committee agreed during their discussions that the issue is complex and requires further studies and henceforth Director Kamdar will be inviting written comment from the American Association of Dental Boards (AADB), American Dental Association (ADA) legal counsel, and the American Board of Dental Specialties (ABDS). These will be presented at future Law and Rules Review Committee meetings so that our Board can carefully weigh our options.

After a lengthy discussion on these topics, Dr. Chambers stated the committee focused on small revisions that need to be made to help reduce the liability of our Board in light of the ruling of FTC vs. NC, the Committee then voted on each suggestion in 4715-5-04 and 4715-13-05. The majority of the committee members agreed to handle this issue in a stepwise fashion and that all of the changes that were voted on in the Committee were passed unanimously with the exception of 4715-5-04. He stated that Dr. Anderson dissented on the issue as he would like to see the Board adopt language to these areas to include the recognition of ABDS.

Dr. Chambers stated that everyone should have in front of them two (2) pages from the Ohio Administrative Code concerning 4715-5-04 and 4715-13-05. He said that at the conclusion of the report they were going to make a motion for the full Board to vote on these changes in a line by line fashion. He made the statement that the Committee voted unanimously to approve all the changes with the exception of one of the changes which was not unanimous, therefore, he concluded his report and proceeded to make the motions for the full Board to consider approval of the changes that the committee approved that morning. Dr. Chambers stated that beginning with 4715-5-04 specialty designation on line 3 instead of “his” now says “the dentist”.

Dr. Job commented that when they were in committee they did not have this document present and suggested that for expediency, given the hour and if Dr. Chambers did not object, they could approve the document with all the changes as printed. Dr. Chambers deferred to the Board’s legal counsel Ms. Nash to answer that question. Ms. Nash stated that a Board member would have to move to approve the document as presented unless there is an objection.

**Motion by Dr. Job, second by Dr. Smith, that to approved the recommended amendments to the rules as printed.**

President Shaffer pointed out that there was one editorial change as the numbering values in the document were incorrect. She stated that they would be voting on the document as if it were numbered correctly.

Dr. Job called the question on the editorial amendments.

Motion carried with Dr. Anderson opposed.

President Shaffer stated that these rules were now approved to be initial filed with JCARR.

**Motion by Dr. Chambers, second by Dr. Subramanian, to approve the Laws and Rules Review Committee report as presented.**

Motion carried unanimously.
Operations
Ms. Aquillo informed the Board members that the Operations Committee did not meet that day but she wanted to provide an update on the Strategic Plan. She stated that of the ten (10) priority objectives outlined in the Strategic Plan, the Board has completed four (4) of them: online renewal and printing, standardizing the investigative process, building a new board website, and development of a cross training program for staff. The remaining six (6) priorities are still in process: portability and reciprocity, remediation education guidelines, online tracking of CE and monitoring, new disciplinary guidelines, define scope of practice in law and rules, and review and update law and rules. She stated that she wanted to thank all the Committee chairs, the Executive Director, the Deputy Director and Board staff for all of their hard work in helping the Board reach their goals.

Motion by Ms. Johnston, second by Dr. Das, to approve the Operations Committee Report as presented.

Motion carried unanimously.

Policy/Scope of Practice
Ms. Johnston began by stating that with Dr. Das’ permission she would be providing the Policy/Scope of Practice Committee report as Co-Chair of the Committee. She stated that the Committee met earlier that morning with Ms. Johnston and Drs. Das, Anderson, Chambers, Guttman, and Subramanian all present.

Policy Report
Revised Policies for Review
Ms. Johnston distributed copies of three (3) policies for review and approval by the Board. She stated that as the copies were being passed around she explained that they were the same three (3) policies provided during the July 2016 meeting for review: the policy regarding oral conscious sedation, the policy regarding monitoring of nitrous oxide-oxygen by the dental assistant, and the policy on monitoring nitrous oxide-oxygen by the dental hygienist were all being recommended for adoption by the Board as presented.

Recommended Policies for Consideration
Ms. Johnston stated that with rule 4715-20-03 becoming effective on Monday, September 12, 2016, the Committee was making the recommendation that a policy be drafted regarding the disposal of sharps will be drafted based on guidelines of local EPA guidelines.

Ms. Johnston stated that the Board executive office has come up with a targeted plan for review of current Board policies. She stated that Ms. Franks and Mr. Russell will be reworking all current policies and placing them into the new format, then providing them to Ms. Nash for statutory and rule authority, and then they will be reviewed by Director KAMDAR for final review before being provided to the Policy/Scope of Practice Committee for consideration. She stated that the plan is to have all the policies to the committee for review by mid-October. The Committee members will then review the revised policies prior to the November meeting and come to the meeting with their written thoughts. There will be no communication between the committee members prior to the November meeting, however, the members may submit their thoughts to the Committee Co-chairs, and are not to discuss the policies in any format including round robin e-mail.
Strategic Priorities Assigned to Policy Committee
Ms. Johnston stated that in regards to Priority #9, Review and Update Statute and Rules, the Committee is reviewing policy for recommendation of adoption, revision or rescission and will bring to the Board their final recommendations so that the Board can review them in their entirety for vote at the December meeting.

Scope of Practice Report

Application of Tooth Gems by Non-dental Personnel
Ms. Johnston stated that the first matter for discussion by the Scope of Practice Committee was the application of tooth gems by non-dental personnel. She stated that it was the decision of the Committee that there were questions regarding the actual procedures and materials that were not addressed in the original correspondence to the Board. She indicated that a follow-up letter would be sent to the individual with specific questions that will assist the Committee members in making an informed decision in determining whether the application of tooth gems should be considered scope of practice for dentistry only.

Administration of Kybella
Ms. Johnston stated that the Committee had readdressed the issue discussed during the meeting in July on the administration of Kybella. She stated that it is the recommendation of the Committee that the Dental Board does not approve specific dental materials but recommends that it is within the scope of practice of a licensed dentist to perform the injection procedure and that the location of the injection is considered within the areas of dentistry.

Scope of Practice of General Dentistry
Ms. Johnston stated that the Committee had been tasked with defining the scope of practice of dentistry and is recommending that the Board consider the following as definition of scope of practice:

“Dentistry is 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.”

Dr. Subramanian explained that it is a broad definition that was written by the ADA and that the Committee felt that prior to defining and specific scope of specialty it would be best for the Board to approve a broad definition of what is the scope of practice.

Ms. Johnston informed the members that Dr Subramanian had also made a good point during the Committee discussions in that scope of practice is not only about prior education but also being ethically responsible and knowledgeable about managing any complications. She stated that they are not asking the Board to adopt this definition at this time but that a copy would be sent to all the Board members for reviewing prior to the next meeting.

Motion by Ms. Huber, second by Dr. Subramanian, to approve the Policy/Scope of Practice Committee Report as presented.

Motion carried unanimously.
Ad Hoc Committee – Revisited
Dr. Shaffer stated that as an order of business, the members had not voted to approve the Ad Hoc Committee Report.

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

Motion carried unanimously.

Executive Updates
President’s Update
Rules and Regulations on OARRS
President Shaffer informed the members that she wanted to point out to everyone and have it reflected in the Board minutes that the Board has adopted rules, that there are regulations and legislation requiring dentists to check OARRS each time a prescription that is greater than seven (7) days is given. She stated that this must be documented in the patient charts and that all dentists should be aware that the Board will strictly enforce that rule. She stated that all dentists who are prescribing scheduled drugs should be registered with OARRS at this point if they are going to prescribe medication because it will be hard for them to say they are in compliance with the law if they do not have an OARRS account. Therefore, she wanted every dentist to know that they have been given fair warning by the Board that they will be enforcing the statute and rule in this regard.

Ohio Dental Association Correspondence from David Owsiany, J.D., Executive Director
President Shaffer stated that she had received a letter from Executive Director of the Ohio Dental Association (ODA), David Owsiany, J.D. regarding their position on the regulation of dangerous drugs. She then read the letter from Mr. Owsiany to the Board [Appendix E]. President Shaffer indicated that she also had a copy of Mr. Owsiany’s testimony before the Senate Health and Human Services Committee on SB 319.

President Shaffer stated that after she had received the letter from Mr. Owsiany, she noted a couple of articles in recent dental journals on opiate prescribing. She stated that within the cover of one of her dental journals there was an article about a study in South Carolina where they looked at the data from their equivalent to OARRS and looked at the prescribing patterns of dentists. She stated that article prompted her to request members of the Education Committee if they would be willing to take on a similar project with the Ohio Board of Pharmacy to see the scope of problems that may be occurring here in Ohio. President Shaffer stated that she was happy to report that Dr. Subramanian has agreed to spearhead that project. Additionally, she stated that she has asked him to look at other states that may have mandatory CE in prescribing opiates and to look at that information, take it back to the Education Committee, and report any recommendations the committee may have back to the Board.

Recognition of Forensic Dentistry
President Shaffer informed the members that this week marks the 15th anniversary of the attacks of 9/11. She stated that especially at this time she would like everyone to remember all of the people that were affected
by that tragedy. She also wanted to point out how many times that their friends and colleagues had risen to the occasion by helping to identify the remains of those victims and provide closure to the families. She stated that she wanted to recognize all those involved in forensic dentistry and mentioned that several of those dentists are former members of this Board.

**American Association of Dental Boards Meeting**

President Shaffer informed the members of the upcoming meeting of the American Association of Dental Boards Meeting. She stated that any members wishing to attend would have their registrations paid for by the Board. However, she was asking the Board to approve travel to the meeting for herself as President, Vice President Shaffer, and Director Kamdar.

**Motion by Ms. Johnston, second by Dr. Subramanian, to approve payment of registration and travel expenses to the American Association of Dental Boards meeting for the President, Vice President, and Executive Director.**

Motion carried unanimously.

**Representative to ADEX Examining Committee**

One final note, President Shaffer stated that in regards to Dr. Awadalla’s earlier request from ADEX that the Board Representative be a current Board member, she explained that should the Board choose to comply with the wishes of ADEX, it would require a vote to rescind Dr. Mary Ellen Wynn’s nomination as representative.

**Executive Director’s Update**

**Fiscal Year 18-19 Budget**

Director Kamdar invited Ms. Cartwright to present the proposed Fiscal Year 18-19 Biennium Budget Request to the Board. He stated that in a nutshell the Board is being asked to be held to the same appropriation levels as it has for the current biennium. He stated that was the starting point for their fiscal projections and pointed out that based on those figures, the Board will face a potential deficit of $175K by the end of FY18 and a potential deficit of $285K by the end of FY19. He then turned the meeting over to Ms. Cartwright to further explain why the Board would have that shortfall if the Board remained at the current appropriation levels.

Ms. Cartwright stated that they had distributed copies of Fiscal Year 18-19 Projections for their review. She explained again that the starting figure came from the current appropriation amount for FY 16-17. She informed the Board that she would be using FY 16 expenditures as the basis for most of the figures and the projections since they are currently in FY 17 and do not have final expenditure totals to work from. That being said, she stated that total expenditures for Fy16 was $1,552,240 for the Board. She informed the members that the projected expenses for FY 18 was $1,825,924 and for FY 19 it would be $1,935,585 which is reflective of the deficits that Director Kamdar had pointed out.

Ms. Cartwright explained the reasons for the projected deficits were as follows:

1. Increase in Payroll (from $1,077,173 to $1,278,589):
   a. Deputy Director position was filled by Ms. Nash
b. All vacant Board member positions have now been filled
c. All staff employees will receive a cost of living increase per contract; and
d. Board contribution toward health care costs increased.

2. Increase in Personnel Services (from $55,528 to $74,100):
   a. Anesthesia Consultant
   b. Experts; and
   c. Witnesses

3. Increase in Supplies/Back Office (from $419,304 to $470,735):
   a. Bank fees for online payment processing
   b. New eLicensing program
   c. Rent, printing, audits, IT and other agency expenses; and
   d. Travel for additional Board members.

Director Kamdar stated that in the interest of time, he summarized to the members that with a projected increase in expenses this large, the question becomes what can the Board do, whether it be increase revenues or decrease expenditures. He stated that they are going to look at creative ways to decrease the Board expenditures but also creative ways to enhance revenues. He added that we will have some deeper discussions on that in the future. He stated that the original increase in cost allocation to the Board for the State of Ohio’s new eLicensing system was going up from $9K per year to $159K per year but as of two days ago, DAS had provided the Board with a projected cost of $59K which is still a five-fold increase of $50K.

Dr. Job stated that it was his understanding that the Board licensing fees generated more revenue than what the Board expenditures are and asked the Director for clarification. Director Kamdar stated that Dr. Job was correct, however, the Boards revenues and expenses come from the states 4K9 funding rather than the General Revenue Fund. He further explained that all of the monies for most of the regulatory boards were regulated through the 4K9 fund and that each Board is provided an appropriation amount or budgeted amount to work from. He stated that, as with some of the other licensing boards, fees generated in excess of the appropriated amounts are maintained for emergency or unexpected expenditures of the Board or to assist in support of those smaller regulatory boards.

Legislative Report – Zachary Russell
Director Kamdar then introduced Zachary Russell, the Board’s new Legislative and Communications Manager, to provide a legislative update. Director Kamdar explained to the members that the intention is to have Mr. Russell provide a legislative update as a regular agenda item for future Board meetings.

Mr. Russell distributed a copy of his report to the Board and explained that there are currently three (3) Bills that have been introduced that have the potential impact on the Dental Board:

- SB33 Health Care Professional-Cultural Competency Instruction
- SB319 Opiate MBR; and
- SB330 Dental Therapist License

Ms. Aquillo suggested that Mr. Russell might want to provide a little more detail regarding each legislative bill and their status in future reports to the Board.
Meeting with the Ohio Board of Pharmacy
Director Kamdar stated that he would be participating in a joint meeting scheduled the next day between the Ohio Board of Pharmacy (Pharmacy Board) and the Dental Board in regards to Terminal Distributor of Dangerous Drugs (TDDD) licensing and inspection. The Dental Board was going to be represented by Dr. Burt Job, Dr. Doug Wallace, Ms. Lyndsay Nash and himself to get a better understanding of the Pharmacy Board’s inspection protocol regarding TDDD licenses and related impact on dental offices. Also, it would be an opportunity to share with the Pharmacy Board any nuances related to dental offices. He stated that next time, they would be providing an update from that meeting.

2014-2015 Annual Report
Lastly, Director Kamdar distributed a copy of the Board’s Annual Report for FY15/FY16 Biennium that was submitted to the Governor’s Office, August 18, 2016. He pointed out that the Board used a biennial-format Annual Report that encompassed two fiscal years covering the period July 1, 2014 through June 30, 2016 as he was not with the Board in the previous fiscal year but wanted to ensure data was available separately for FY 15 and FY 16. He then read the opening letter of the annual report that was submitted to Governor Kasich [Appendix F]. He reiterated to the Board members the last line in the letter, “As we march forward, we will embrace the best of yesterday and meld it with the best of today to create the best of tomorrow.”

Anything for the Good of the Board
Recognition
President Shaffer commented that she wanted to take a moment to recognize Executive Director Kamdar, Deputy Director Nash, and the Board office staff for all of their hard work over the past year. She stated that the results are showing.

Adjourn
Motion by Ms. Johnston, second by Dr. Subramanian, to adjourn the meeting.

Motion carried unanimously.

President Shaffer adjourned the meeting at 6:10 p.m. and reminded the Board members that their next meeting would be November 9, 2016.

Marybeth Shaffer, D.M.D.
President

Constance Clark, R.D.H.
Vice President
Appendix A

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ADANews

Current Issue

Shifting focus on patients: New licensure exam seeks to address ethical dilemmas
August 22, 2016

By Kimber Solana

Buffalo, N.Y. — Every year, hundreds of patients enter the halls of dental schools throughout the country volunteering to receive treatment as part of a clinical licensing exam for graduating dental students. Some of these patients have waited weeks and months to have dental care provided during the clinical exam process.

For the vast majority, the treatment is a success, with the candidate passing the exam for initial licensure and the patient leaving satisfied. However, if a treatment complication arises during the exam, the student is often asked to place a temporary filling in the tooth, and the patient's care may be further delayed.

Because of the special situations and requirements of the clinical exam process, some of these patients may not have been patients of record in the dental school except for the exam treatment itself. To identify the specific oral health condition, exam patients may also be found through social media or online-based patient-finding services, which takes the focus away from comprehensive oral health needs of patients.

"I often ask in my lectures, 'How many times has anyone ever asked how a patient did in the [licensure] exam?" said Dr. Joseph Gambacorta, assistant dean for clinical affairs at the University at Buffalo School of Dental Medicine. "It's always about the candidate. We needed to find a way to switch the focus from the candidate to the patient. How do we put the patient first?"

That question was at the heart of a collaborative effort to create the American Board of Dental Examiners (ADEX) Patient-Centered Curriculum Integrated Format examination, which is administered by the Commission on Dental Competency Assessments and based on the 2007 ADA policy on curriculum integrated format (CIF) clinical licensure exams.

The goal of the new examination model: to create and provide an exam that eliminates or addresses many of the ethical issues involved in using patients in clinical licensure examinations.

The ADEX Patient Centered CIF was piloted at University at Buffalo in January 2015. This year, another six schools have adopted all aspects of the model, while some
schools have adopted portions of it, such as the processes of patient approval and follow-up care, said Dr. Guy Shampaine, CEO of the American Board of Dental Examiners, Inc.

“There are still flaws and ethical dilemmas built into all clinic examinations with a live patient, let’s not kid ourselves,” said Dr. Herb Kaufman, associate dean of clinic operations at the Arizona School of Dentistry and Oral Health at A.T. Still University, which adopted the new examination model this year. “But this is a big improvement. This change is a movement in the right direction.”

However, the new model has its critics, including the American Student Dental Association, which believes the ideal licensure exam should not involve patients in a live clinical testing scenario.

Nonetheless, schools that have adopted the Patient-Centered CIF exam say it’s a vast improvement from the traditional model.

“ar expectation is that in the next two to three years, this is going to be the predominant [clinical licensure examination] model,” Dr. Shampaine said.

Based on ADA policy

In the early 2000s, in opposition to the use of patients in licensure exams, the New York State Dental Association led the development of the PGY1 model, which was adopted from the medical model and requires an additional year of training in a Commission on Dental Accreditation-approved postgraduate program.

However, PGY1 is only recognized in New York and a handful of other states.

For dental students seeking to practice in other states, “they were still taking the regular licensure examination that we and the ADA were opposed to,” said Dr. Mark Feldman, executive director of the New York State Dental Association.

Around the time the PGY1 concept was developed, the ADA House of Delegates adopted a policy in support of eliminating the use of patients in board examinations, with the exception of the curriculum integrated format-type exam, as defined by the ADA.

The ADA policy statement recognizes that ethical considerations may arise from the use of patients in the clinical licensure examination process even though the clinical examination process is itself ethical. According to the CIF format, the exam should be performed by candidates on patients of record and within an appropriately sequenced treatment plan. All portions of the assessment should be available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan. Opportunities for student remediation should also be available as needed. The Association encourages all states to adopt methodologies for licensure that are consistent with this policy.

In 2014, Dr. Feldman said a team, which included Drs. Shampaine, Gambacorta, Michael Glick, then-dean of the University at Buffalo dental school, and members of NYSADA, worked together to help develop a new examination model based on the ADA’s CIF policy.

“The goal was to satisfy every component of the ADA definition of CIF,” Dr. Shampaine
said.

After this initial meeting, Dr. Feldman said, Dr. Glick offered to have the new model piloted at the University at Buffalo.

"My initial thought was that we were going to do the exam in 2015-16, but Dean Glick wanted to start it in January [2015]," said Dr. Gambacorta. "So we did."

**How it works**

The first problem the CIF model seeks to eliminate is the patient having to wait weeks or months for the one scheduled examination day to receive the care they need.

Now, the dental school schedules when examiners should visit the school in regular intervals — based on the school’s determination of the timing and appropriateness of treatment.

"If a candidate has a patient who needs treatment that we also happen to test, the school schedules the patient for the session that the school has arranged for examiners to visit and evaluate the care," Dr. Shampaine said. "This way we don’t have to worry about a candidate holding on to treatment, delaying treatment, or, probably more important, that the more urgent needs are not ignored to treat a lesser problem."

Second, all patients treated are patients of record with a comprehensive treatment plan. Because they are patients of record, the faculty will independently check the work after the examiners.

"This way, they can do their own assessment, approve the treatment and approve the follow-up," Dr. Shampaine said. "They’re also evaluating the care and completeness of the dental record." In other words, the entire process is similar to the competency exams dental schools give their students but an outside examiner is also present to evaluate the procedure.

When a candidate is unsuccessful, it’s the faculty who explain to them what mistakes were made and how to address it — making the exam a part of an educational process.

Dr. Kaufman said that in the past, a candidate would get a failing grade and wouldn’t know exactly why he or she failed.

"It’s the true definition of CIF because real remediation happens when the faculty sees the performance and can counsel the student in real time," Dr. Shampaine said. "If a student is unsuccessful, they can retake the sections, and the rescheduling is again up to the school."

Finally, because the patient is a patient of record at the school, the students and school provide follow-up care.

"The patient is not given a temporary restoration and sent out to fend for themselves," Dr. Kaufman said. They are taken care of right there, "and if follow-up care is needed, I don’t have the impossible job of tracking these patients down because in this improved format, they are all patients of record."

**ASDA adamant on alternatives**

Despite some improvements to the traditional examination model, problems remain in the new model when addressing larger concerns involving ethics in using a patient in examinations and the exam’s overall reliability and validity, according to the American Student Dental Association.

"ASDA does not support the curriculum integrated format," said Sohaib Soliman, ASDA president and University of Washington School of Dentistry student. "No current model meets all of ASDA’s criteria."
ASDA's ideal examination model involves a combination of three components. The first is a manikin-based kinesthetic exam, which addresses candidates' hand skills. Second, it involves a nonpatient-based examination that addresses candidates' clinical decision-making skills and understanding of what's happening with the patient. And lastly, the submission of a portfolio on comprehensive patient care to showcase what a student has done for four years in dental school.

ASDA acknowledges that the CIF model is preferable to the current traditional licensure process because it is offered more than one time per year at each dental school; incorporates familiar faculty to assess the student's competency on care provided via a separate but simultaneous process; allows students to complete a comprehensive exam and form a phased treatment plan for the patient; and provides follow-up care for substandard procedures.

However, according to ASDA, the CIF model may not adequately address their questions of validity and reliability given that clinical exams with patients are difficult to standardize.

"No two humans are anatomically, physiologically, pathologically and psychologically identical, and therefore each clinical licensure examination is different," according to ASDA's position statement on the CIF exam.

In addition, while the CIF model requires exam patients to be patients of record at the dental school, students may still struggle with obtaining patients as required by the testing agency with the ideal carious lesion or periodontal condition for the examinations, Mr. Soliman said.

"In that case, it still requires students to advertise to the public and conduct outside screening," he said. "This model doesn't change the environment where the patient is treated as a commodity."

For many students, he said, they still have to resort to creative, but sometimes inappropriate, ways — such as paying patients to participate in the exam.

"ASDA strongly advocates the complete elimination of human subjects from initial licensure examinations," Mr. Soliman said. "Unfortunately, as long as there's a patient involved, it won't fit the model ASDA is looking for."

'A step forward'

Taking into account remaining flaws and ethical dilemmas built into patient-based clinical examinations, the CIF model remains a movement in the right direction and may be a bridge to the creation of a nonpatient-based exam, some educators say.

"As long as there are testing agencies and state boards of examiners to determine whether a candidate is granted a license, this model to me is by far ahead of what I've seen in the many years I've been involved in dentistry," Dr. Kaufman said.

After hearing about the new model, A.T. Still educators immediately contacted the Commission on Dental Competency Assessments to be considered as a beta test site and asked to participate.

A.T. Still dental school isn't considered a large school with class sizes of about 76, plus a residency and advanced education programs. Despite the size, lack of resources to implement the new model was not a problem, Dr. Kaufman said.

"There are flexibilities to the exam. We try to encourage our students to take the clinicals in one day," he said. "What we've implemented here may be different from what is done at other programs like Midwestern, Boston or [New York University]."

While they're still hoping for some improvements, Dr. Kaufman said, the school is favorably disposed on the new
model. The students seem calmer, which then helps calm their patients.

"The patients leave here much less disappointed. There are many of my colleagues who believe that patient-based exams have no place in dental schools," Dr. Kaufman said. "I'm not generally political. I just want to take care of patients and educate students. And from what I've seen, this is a step forward."

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Appendix B

ADEX Examination Committee
MINUTES
November 9, 2012
Rosemont, IL
1:30pm to 5:00pm

1. **Report form Dr. Klein, Testing Specialist**
   Approved

2. **Pros Criteria from the group that reviewed this information**
   Nothing Reported

3. **Criteria for margin on gold crown appears in different areas of the criteria**
   Nothing reported.

4. **Endo Criteria**
   Nothing reported

5. **Restorative Criteria**
   Recommend to change the proximal in the box to no more than 1mm to the buccal or lingual from contact for all posterior preps and to change the subs from 1 to 2.5mm and change the def to above 2.5.

   **Approved**

   Moved that a subcommittee be appointed to review criteria.

6. **Calibration Committee Update**
   Status of the Calibration Committees fork and that the new Calibration process should be ready by February, 2013.

7. **Perio Committee Update**
   Presentation on a proposal perio exam proposal
8. **Proposal to combine the SAT and ACC categories - NERB**
The SAT and ACC scoring combine the satisfactory and acceptable scoring criteria into one category. **Approved.**

9. **Proposal to report scores as 7w5 or above as passing - NERB**
The QA Committee Recommendation that examination scores of 75 or above reported as a Pass and below is to fail.

   **Approved.**

10. **Proposal to have CFE's do modification requests on the floor up to the point of where there is a question of the request being appropriate. Then send it to express Chair. Only the Captain and designated CFE's would do medication requests.**

   **No Change**

11. **Proposal that there must be occlusion on the restored material for a posterior restoration**

   **No Change**

12. **Proposal to score anterior and posterior restoration conjunctively - SRTA**

Dr. Shampaine moved to recommend to the Board of Directors to score and report separately the anterior and posterior restorations and that retakes would only be required for the second restorative procedure if the candidate passed the first restoration and that a three hour time limit on the retake.

   **Approved**

   Move to recommend to the Board of Directors that for the patient based examination that candidates be allowed three hours for each part of the examination within and open format, with a maximum of nine hours.

   **Approved**

13. **Proposal to use the Acadental anterior endo tooth and have pre and post-op radiographs for the endo evaluation of the anterior endo procedure-SRTA**
Recommended to the Board of Directors that a radiographable anterior endo tooth to be utilized and implemented in 2015 pending response by the schools.

Approved

14. **Review the radiograph requirements for restorative procedures.**
Currently if there are 2 lesions on a tooth and one has been restored previously, a new radiograph is required. Proposal to change this to “new radiographs are not required unless there is a clinical justification.”

Recommend to the Board of Directors that new radiographs are not required unless there is a clinical justification.

Approved.

15. **Update on typodonts**
Announced that by 2015 only the Acadental typodonts will be used.

16. **Update on Computerized Examinations**
Reported the DSCE has been shortened from 280 to 150 questions with 15 pilot questions. It will now be a scaled score vs. raw score. The CSCE (Hygiene) revision is not yet complete but is expect to be ready for implementation by the end of March.

30 items on patient evaluation, 60 items on comprehensive treatment planning, 60 items on periodontics, prosthodontics and medical considerations.

17. **Review unable to floss criteria**
If two examiners on an interproximal contact cannot pass floss it is a sub and if three examiners cannot pass floss it is a critical deficiency.

Approved.

The patient based examination that candidates be allowed four hours for one procedure, seven hours for two procedures and nine hours for three procedures for the examination within an open format, with a maximum of nine hours.

Approved.
18. **Review the flash criterion composite restoration**
   No Change

19. **Review the slot prep and existing sealant criteria**
   Approved last year.

20. **Proposal to have CFE’s review restorative medical histories.**
    All CFE’s check medical histories on the floor.
    Approved

21. **Review protocol when captains change to an examiner. Should they disqualify themselves if they did a modification request for the patient?**
    No Change

22. **Review penalties for modification request denial when prep is not prepared to a SAT or ACC.**
    We will have a Captain’s Calibration tool be developed.

23. **Proposal to grad without rubber dam**
    No Change

24. **Review criteria on endo under fill**
    Appoint a subcommittee to look at this and bring back next year.

25. **Proposal for treating occlusal decay when preparation is a slot preparation**
    If occlusal caries exist on a Class II proximal box a separate restoration is allowed if 1mm or more tooth structure exists if less than 1 mm exists then a conventional Class II composite must be done.
    Approved.

26. **PA or NP for medical hx clearance**
    No change

27. **Sterilization of instruments for examiners – sterile packet to be opened by 1st examiner.**
    This was an administrative issue.
28. **Lingual margin width criteria on PFM**  
   Back next year

29. **Failure to break contact on posterior composite slot prep – No penalty. There is a penalty on traditional posterior composite.**  
   A penalty to be included for failure to break contact on a posterior composite slot prep.

   **Approved.**

   This is to be a 2013 Examination Change.

30. **Confirmed DEF on Perio in hard or soft tissue management 100 points is appropriate.**
   No Change

31. **Eliminate line/base placement from exam**
   No Change

32. **Mandate a rubber dam for restoring a posterior composite**
   Already done

33. **Clean typodonts before turning them in. Penalty?**
   Determined this should be a Calibration issue.

34. **CFE signing off on anesthesia record before tx approved**
   No Change

35. **Recontouring of adjacent teeth**
   No Change

36. **Radiology**
   Dr. Scott Houfek will appoint a committee to review all radiology protocols.

37. **Evaluate how many Subs to fail and Examination**
   Dr. Scott Houfek will appoint a subcommittee to review and report back next year.

38. **Review critical deficiencies to see what criteria’s are not being utilized.**
Dr. Scott Houfek will appoint a subcommittee to review and report back next year.

39. CIF Issues
   A discussion was held and questions answered regarding the CIF Examination.

40. CFE monitoring of Blood Pressure Issue
   Go back to not having the CFE have to monitor the taking of blood pressure and go back to asking the patient if their blood pressure was taken.

   Approved

41. CFE Check #9 for endo access
   The CFE needs to check #9 for endo access prior to the start of the ceramic crown preparation.
Appendix C

From: Mayer, Doug  
Sent: Wednesday, August 03, 2016 7:35 PM  
To: Marybeth.Shaffer@den.ohio.gov  
Cc: Seaholts, Dee Anna <Dee.Seaholts@dentsplysirona.com>; Drane, Ashley <Ashley.Drane@dentsplysirona.com>  
Subject: FW: Ohio State Dental Board instrument sterilization rules

Dr. Marybeth D. Shaffer, D.D.S.  
President  
Ohio State Dental Board  

Via e-mail

Dear Dr. Shaffer,

We are inquiring about any possible upcoming changes in the Ohio State Dental Board Dental Practice act regarding instrument sterilization?

As FDA regulated medical device manufacturer representatives, my colleagues and I are required by law to recommend proper handpiece infection control and maintenance protocols to users in accordance with the FDA, CDC, and other regulatory agency laws, requirements, and recommendations. This includes our company’s large user base in the state of Ohio.

We have found that current Ohio State rules do not match FDA\(^1\) and CDC guidance on processing and sterilizing dental handpieces, specifically, lowspeed handpiece motor (air or electric) sterilization between patients.

Currently the Ohio State Dental Board Dental Practice Act of April 2015 specifically leaves out the lowspeed handpiece motor component as one of the items that requires sterilization between patients\(^2\).

However, the CDC has recommended sterilization of lows ease motors since at least 2003\(^3\), and has reaffirmed this stance with specific wording from the 2016 “CDC Summary of Infection Prevention in Dental Settings – Basic Expectation for Safe Care”\(^4\), as follows:

“Note: Dental handpieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high-level or surface disinfected. Although these devices are considered semicritical, studies have shown that
their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials.” Page 14, emphasis added.

And,

“R. Dental handpieces (including the low-speed motor) and other devices not permanently attached to air and waterlines are cleaned and heat-sterilized according to manufacturer instructions” Page 35, Infection Prevention Checklist section, emphasis added.

In addition, it would seem that at some point, a state of Ohio Public Health Official certified to the Secretary of Health and Human Services of the US Federal Government that guidelines issued by the Centers for Disease Control have been instituted in the State of Ohio per US 105 STAT. 834. The wording of that section is attached, the entire statute can be found here: https://www.gpo.gov/fdsys/pkg/STATUTE-105/pdf/STATUTE-105-Pg834.pdf

While this was an amendment to a 1992 General Appropriations bill, it would seem this certification was directed in perpetuity.


2. Ohio Administrative Code 4715 of the State Dental Board Dental Practice Act, April 2015; see Chapter 4715-20-02 (A)(2), Page 91 (not attached)

3. Please see attached Morbidity and Mortality Weekly Report, Recommendations and Reports, December 19, 2003 / Vol. 52 / No. RR-17; Guidelines for Infection Control in Dental Health-Care Settings — 2003; DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION – see page 21, Table 4 note, and page 45.


Please let us know how we might assist with additional resources or may be of further service as you research this important subject.
Most respectfully on behalf of,
Dee Anna Seaholts
Ashley Drane
I am sincerely,

Douglas J. Mayer
Training and Product Specialist - Midwest
“It Matters WHO You Buy Your Handpieces From!”

Midwest
901 West Oakton St
Des Plaines, IL 60018
Telephone 815-988-6988
doug.mayer@dentsplysirona.com
### Appendix D

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY TITLE: Policy Regarding Oral Conscious Sedation</th>
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<th>RELATES TO: USE OF HALCION AND TRIAZOLAM IN THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION FOR LICENSED DENTISTS WHO DO NOT HOLD CONSCIOUS SEDATION PERMITS</th>
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Marybeth Kuefler, D.M.D., President

Harry Kanabar, 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**

- O.R.C. 4715.09 Unlicensed Practice Prohibited
- O.R.C. 4715.13 Fees for Licenses or Permits
Education and Training
O.A.C. 4715-5-05(B) Use of General Anesthesia and Deep Sedation
O.A.C. 4715-5-07(B) Use of Conscious Sedation
American Dental Association House of Delegates, October 2007; Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Minimum Practice Requirement
O.R.C. 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(B)(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 Titratin [Enteral/Oral Conscious Sedation]  O.A.C. 4715-3-01(B)(4) defines Oral Titratin [Enteral/Oral Conscious Sedation] 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
Minimum Practice Requirement
O.A.C. 4715-9-01.3 Monitoring Nitrous Oxide-Oxygen (N2O-O2) 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.

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]”

III. 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 N2O-O2 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 N2O-O2 minimal sedation. As with the dental assistant, in order to be allowed to monitor N2O-O2 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 N2O-O2 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.

IV. 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.

V. Training

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

VI. References

- O.R.C. 4715.22 Supervision of Licensed Dentist.
APPENDIX D
MEETING MINUTES
OHIO STATE DENTAL BOARD
SEPTEMBER 14, 2016

<table>
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<tr>
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Marybeth Shaffer, D.M.D., President

Harry Kamlar, 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 qualified dental assistants.

Legal Authority

O.R.C. 4715.39 Permitted Duties

Education and Training
O.A.C. 4715-11-02.1 Monitoring Nitrous Oxide-Oxygen (N₂O-O₂) Minimal Sedation; Education, Training and Examination Required.

OSDB Policy: G-501 Effective: 09-14-2016
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-O2 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.
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-O2 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.
Appendix E

September 9, 2016

Dr. Mary Beth Shaffer  
President  
Ohio State Dental Board  
77 South High Street  
Columbus, Ohio 43215

Dear Dr. Shaffer:

It was good to speak with you last week. I was surprised to learn that you have been told that the ODA opposes regulation of dentists who possess and administer controlled substances in their dental practices. As we have discussed on multiple occasions, the ODA does not oppose regulation related to controlled substances and in fact we have a long history of proactive involvement in ensuring the highest safety and quality standards in dentistry.

The issue of preventing drug diversion is important to the dental profession and the ODA. As you know, in recent years, we have held dozens of information sessions at national, state and local dental association meetings related to preventing prescription drug abuse, identifying doctor shopping, best prescribing practices, and proper usage of the OARRS database to prevent drug diversion. In fact, in 2011, we invited Ohio State Board of Pharmacy staff to conduct an educational seminar on OARRS database usage for dentists and their staff during our annual meeting. We have distributed more than 5,000 fact sheets to Ohio dentists related to prescription drug abuse and diversion and we made the “start talking” consent form available to all our members to download and utilize in their offices.

We have an entire section on our website devoted to educating dentists on issues related to dangerous drugs, including links to Governor’s Cabinet Opiate Action Team prescribing guidelines, resources and screening tools, Ohio Guidelines for the Management of Acute Pain Outside of Emergency Departments, Ohio State Dental Board’s opioid resources, and ADA’s opioid resources. Recently, as you know, the ODA partnered with the Ohio State Dental Board (OSDB) in sending a joint letter to Ohio dentists regarding the GCOAT acute prescribing guidelines video. It is my understanding from Director Kamdar that the results were very positive and that dentistry had one of the highest rates of participation.

This commitment to ensuring the highest standards in this area is not new. More than two decades ago, the ODA worked with the OSDB to ensure appropriate standards were in place for use of general anesthesia and sedation in the dental office, which involves the use of many of the same drugs that are sought to be regulated under Senate Bill 319. Accordingly, for more than two decades, any licensed dentist who performs general anesthesia, deep sedation or conscious sedation in Ohio must possess a special permit from the Ohio State Dental Board. The OSDB’s rules require specific training, equipment, facilities, monitoring, and personnel for issuance of such permits. Moreover, prior to the issuance of any such permit, the Ohio State Dental Board requires an on-site evaluation of the facilities, equipment, personnel, anesthetic techniques, and related documentation. This evaluation is conducted by qualified consultants appointed by the Ohio State Dental Board and follows the established guidelines for the use of sedation and general anesthesia by dentists.

While I know that you already are aware of this information, I share it with you via this letter because it is the exact information that we provided in testimony on Senate Bill 319 before the Ohio Senate Health and Human Services
Committee on May 24, 2016. I have attached a copy of my testimony for your review. I testified not as an opponent but as an interested party whereby I noted that the ODA supports Senate Bill 319 and its objectives but prefer the oversight of dentists be handled by the Ohio State Dental Board since the OSDB already requires a permit and inspections, which includes a checklist requiring dentists to document a “drug control program” related to “methods of storage, security measures, tracking of outdates and reorder protocol.”

In fact, I even testified that if it is determined that more regulation by the OSDB is necessary, we are open to that idea. I concluded my testimony by making clear that “we support the regulatory oversight of dangerous drugs, which is why we have worked proactively to ensure we have a regulatory regime in place at the Ohio State Dental Board that protects Ohioans from unnecessary risks related to dangerous drugs in the dental office.” We have also continued to engage in discussions with Senator Eklund and the staff of the Ohio State Board of Pharmacy on these issues.

As you can see, we have consistently welcomed the appropriate regulation of dangerous drugs in the dental office and have done so proactively for more than two decades. I appreciate this opportunity to reiterate the ODA’s position related to the regulation of dangerous drugs in the dental office and look forward to working with the OSDB and the Ohio State Board of Pharmacy in the future. Please feel free to contact me if you have any questions.

Sincerely,

David J. Owsiany, JD
Executive Director
Appendix F

Ohio State Dental Board

Annual Report

FY 15/FY16 Biennium
August 18, 2016
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<td>BOARD MEMBER MATRIX</td>
<td>11</td>
</tr>
<tr>
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<td>12</td>
</tr>
</tbody>
</table>
August 18, 2016

The Honorable John Kasich  
Governor, State of Ohio  
77 South High Street, 30th Floor  
Columbus, Ohio 43215  

Dear Governor Kasich:

On behalf of the Ohio State Dental Board, we are pleased to submit a biennial-format Annual Report that encompasses two fiscal years covering the period July 1, 2014 through June 30, 2016.

There has been a change in the Executive Director position in the last 10 months resulting in new direction, elevated accountability, systems reform and a common-sense approach to rules and regulations. A new culture that puts added emphasis on integrity, fairness and collaboration has been established. At the center of this change is a fervent drive for excellence in customer service for licensed professionals in dentistry and conscientiously protecting the interests of consumers all across the great state of Ohio.

The primary vehicle to achieve this transformational change has been the Board’s inaugural strategic plan developed in February, 2016. It acts as a corporate compass and roadmap for the Board with clearly identified direction arrived at through input and feedback from stakeholders, partners and Board members. Along with developing vision, mission and core values, the esteemed members of the Board were able to identify 10 key priorities for the next two years.

After listening to the “voice of the customers” in his first 90 days on the job, it was abundantly clear to the Executive Director that the Board’s website was outdated and not user-friendly. The Board was able to successfully partner with the Department of Administrative Services in developing a new value-added website that was launched recently.

As we march forward, we will embrace the best of yesterday and meld it with the best of today to create the best of tomorrow.

Respectfully,

Dr. Marybeth D. Shaffer, DMD  
Board President

Harry N. Kamdar, MBA  
Executive Director
BOARD OVERVIEW

The Board is comprised of 13 members: nine dentists (two of which are designated as specialists), three dental hygienists and one public member. All of the Board members are appointed by the Governor and serve four year terms. Two board members are selected by their peers to serve as the Secretary and Vice Secretary and oversee the Board’s Supervisory Investigative Panel.

The Board meets at least eight times per year. Meeting agendas and minutes are available on the Board’s website.

COMMITTEES

The Board addresses a variety of policy issues through its standing committees. Committees formulate reports and recommendations to take to the full Board for approval. Committee meetings typically are held on the same day as the Board meetings. Board actions on committee recommendations are included in the Board meeting minutes. Additionally, each committee is assigned to champion one or more key priorities from the Board’s strategic plan.

EDUCATION COMMITTEE

The Education Committee is a committee comprised of six (6) Board members, one of whom is appointed by the Board President as the chairperson and one of the members is an educator at Columbus State Community College. The Education Committee meets immediately prior to regularly scheduled Board meetings. Primary directives of the Education Committee are to review and make recommendations to the Board regarding continuing education providers, specific educational courses that lead to Board-issued certificates or permitted duties of dental auxiliary, and continuing education audits of minimum requirements for licensure renewal. Recommendations from the Education Committee are forwarded to the full Board for further consideration, review and approval.

LAW AND RULES REVIEW COMMITTEE

The Law and Rules Review Committee is comprised of eight (8) members: Six (6) are current Board members, one (1) representative from the Ohio Dental Association and one (1) representative from the Ohio Dental Hygienists’ Association. Also, other regular attendees include the Board’s Assistant Attorney General, Executive Director and Deputy Director. The primary purpose of the Law and Rules Review Committee is the five-year review of the administrative rules governing the licensing and regulation of the profession of dentistry and to make changes as deemed necessary by the Board, subject to legislative approval. The Law and Rules Review Committee submits recommendations regarding rule revisions to the full Board for
review, consideration, and approval for filing with the Common Sense Initiative and the Joint Committee on Agency Rule Review.

POLICY/SCOPE OF PRACTICE COMMITTEE

The Policy/Scope of Practice Committee is comprised of six (6) Board members appointed by the Board President. There is a chairperson and a co-chairperson appointed by the President.

The Policy sub-committee considers, drafts, and develops policies which clarify the law and rules governing the practice of dentistry, dental hygiene and dental assisting which allow the Board to operate more effectively and efficiently. The Policy sub-committee makes recommendations to the full Board on policies for review, consideration, and approval.

The Scope of Practice sub-committee considers inquiries and develops position statements which clarify the scope of practice for the profession since the field of dentistry is constantly evolving and changing with emerging technologies that offer better solutions to oral health problems. The Scope of Practice sub-committee makes recommendations to the Board with the health, safety and welfare of Ohio’s dental consumers as its principal motivation.

OPERATIONS COMMITTEE

The Operations Committee is comprised of five (5) Board members appointed by and including the Board President, one of whom is the chairperson. This committee meets on an as-needed basis. The primary focus of the Operations Committee is to review the requirements, responsibilities, processes and procedures for the establishment, operation and management of Board protocols. The Operations Committee reports to the full Board for review, consideration and approval.

AD HOC COMMITTEE

The Ad Hoc Committee is comprised of six (6) Board members appointed by and including the Board President, one of whom is the chairperson. The focus of the Ad Hoc Committee is to review and approve expert witnesses, create disciplinary guidelines and other tasks as assigned by the Board. The Ad Hoc Committee reports to the full Board for review, consideration and approval.
STATEMENT OF REVENUE AND EXPENSES

In odd years, less revenue is collected resulting in a deficit. However, this deficit is offset by a surplus in even years when more revenue is collected. This anomaly is due to the revenue pattern of lower cost license renewals (e.g. EFDAs & Radiographers) occurring in odd years and higher cost license renewals (e.g. Dentists & Dental Hygienists) occurring in even years.

<table>
<thead>
<tr>
<th></th>
<th>FY15 (odd year)</th>
<th>FY16 (even year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSURE FEES</td>
<td>$565,919.17</td>
<td>$2,779,297.50</td>
</tr>
<tr>
<td><strong>EXPENSES:</strong></td>
<td></td>
<td></td>
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<tr>
<td>PAYROLL</td>
<td>$982,983.01</td>
<td>$1,077,173.18</td>
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<tr>
<td>PURCHASED PERSONNEL SERVICES</td>
<td>$80,184.37</td>
<td>$55,527.45</td>
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<tr>
<td>Administrative &amp; Management Services</td>
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<tr>
<td>Medical Services</td>
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<td>34,219.70</td>
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<tr>
<td>State Planned Training</td>
<td>2,285.00</td>
<td>0.00</td>
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<tr>
<td>Vendor Offered Training</td>
<td>4,448.50</td>
<td>1,400.00</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>7,916.00</td>
<td>6,230.00</td>
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<tr>
<td>Witness Fees</td>
<td>261.99</td>
<td>182.17</td>
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<tr>
<td>Unemployment Compensation</td>
<td>0.00</td>
<td>13,495.58</td>
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<tr>
<td><strong>SUPPLIES &amp; MAINTENANCE</strong></td>
<td>$365,018.89</td>
<td>$419,303.56</td>
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<td>Office Supplies, Equipment &amp; Repairs</td>
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<tr>
<td>Copy, Print, Scan Equip&lt;1,000</td>
<td>0</td>
<td>7,306.14</td>
</tr>
<tr>
<td>Medical Licenses &amp; Permits</td>
<td>233.00</td>
<td>99.00</td>
</tr>
<tr>
<td>General Travel &amp; Expenses</td>
<td>69,710.71</td>
<td>39,543.76</td>
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<tr>
<td>Interstate Transfer Goods &amp; Services</td>
<td>238,820.20</td>
<td>286,738.91</td>
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<tr>
<td>IT/Software/Equipment/Perpetual License</td>
<td>23,075.22</td>
<td>778.00</td>
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<tr>
<td>Network Communications</td>
<td>12,903.64</td>
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<td>Bank Fees/Petty Cash/Refunds</td>
<td>6,054.03</td>
<td>48,155.45</td>
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<td>Books/Subscriptions</td>
<td>1,109.95</td>
<td>1,276.00</td>
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<td>Park/Storage/Messenger/Janitorial/Toll/Equip</td>
<td>2,327.20</td>
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<tr>
<td>Security &amp; Safety</td>
<td>0</td>
<td>274.77</td>
</tr>
<tr>
<td><strong>OFFICE EQUIPMENT SERVICE</strong></td>
<td>$2,163.00</td>
<td>$0.00</td>
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<tr>
<td>IT Equipment/End User</td>
<td>2,163.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>REFUNDS</strong></td>
<td>$0.00</td>
<td>$235.00</td>
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<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$565,919.17</td>
<td>$2,779,297.50</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$1,430,349.27</td>
<td>$1,552,239.19</td>
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<tr>
<td><strong>SURPLUS or (DEFICIT)</strong></td>
<td>$(864,430.10)</td>
<td>$1,227,058.31</td>
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</table>
Licensure

The Board regulates approximately 35,000 licensees, certificate and permit holders. The Board issued 2,926 new licenses, certificates or permits in FY 15 and 3,004 of the same in FY 16.

Licensure Statistics

<table>
<thead>
<tr>
<th></th>
<th>FY 15</th>
<th>FY 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental licenses issued by examination</td>
<td>245</td>
<td>280</td>
</tr>
<tr>
<td>Dental Hygiene licenses issued by examination</td>
<td>267</td>
<td>332</td>
</tr>
<tr>
<td>Dental licenses issued by credentials</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Dental Hygiene licenses issued by credentials</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Dental Assistant Radiographer certificates issued</td>
<td>1,957</td>
<td>1,806</td>
</tr>
<tr>
<td>Coronal Polishing certificates issued</td>
<td>130</td>
<td>145</td>
</tr>
<tr>
<td>Expanded Function Dental Auxiliary registrations issued</td>
<td>150</td>
<td>259</td>
</tr>
<tr>
<td>Limited Continuing Education licenses issued</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Limited Resident licenses issued</td>
<td>141</td>
<td>122</td>
</tr>
<tr>
<td>Limited Teaching licenses issued</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Licensees Registered to Practice

<table>
<thead>
<tr>
<th></th>
<th>FY 15</th>
<th>FY 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>7,351</td>
<td>7,088</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>8,471</td>
<td>8,377</td>
</tr>
<tr>
<td>Dental Assistant Radiographers</td>
<td>13,767</td>
<td>16,031</td>
</tr>
<tr>
<td>Limited Residents</td>
<td>233</td>
<td>353</td>
</tr>
<tr>
<td>Limited Teaching</td>
<td>34</td>
<td>37</td>
</tr>
<tr>
<td>Limited Continuing Education</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Coronal Polishing</td>
<td>1,459</td>
<td>1,609</td>
</tr>
<tr>
<td>Expanded Function Dental Auxiliaries</td>
<td>1,956</td>
<td>2,221</td>
</tr>
<tr>
<td>Oral Health Access Supervision Permit — Hygiene</td>
<td>92</td>
<td>98</td>
</tr>
<tr>
<td>Oral Health Access Supervision Permit — Dentist</td>
<td>37</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33,412</strong></td>
<td><strong>35,863</strong></td>
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</table>
COMPLIANCE AND MONITORING

The Board received 579 complaints in FY 15 and 511 complaints in FY 16. These complaints are followed up on by 6 investigators who travel across the state of Ohio to conduct investigations. Investigative reports are then reviewed by the Supervisory Investigative Panel ("SIP") consisting of the Board’s Secretary and Vice-Secretaries. They make a determination as to whether a case should be presented to the Board for disciplinary action or to close it with no further action. Board members vote on the appropriate action to be taken.

<table>
<thead>
<tr>
<th>CASE TYPE</th>
<th>FY 15 COUNT</th>
<th>FY 16 COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Occurrence</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Advertising</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Anesthesia/Sedation Violations</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Bootstrap (Adverse Action Taken by Other Agency)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Commission of Felony Act</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Commission of Misdemeanor Act in Course of Practice</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Failure to Renew</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Felony</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Fraud/Deception in Obtaining a License</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Fraudulent Billing Practices</td>
<td>27</td>
<td>15</td>
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<tr>
<td>Illegitimately Selling/Prescribing/Administering Drugs</td>
<td>14</td>
<td>18</td>
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<tr>
<td>Impairment</td>
<td>11</td>
<td>19</td>
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<tr>
<td>Infection Control Violations</td>
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<td>Jurisdictional Issues</td>
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<td>Lewd/Immoral Conduct in the Course of Practice</td>
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<tr>
<td>Manager/Owner Aware of Ongoing Violations by Employee</td>
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<tr>
<td>Category</td>
<td>2015</td>
<td>2016</td>
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<tr>
<td>-------------------------------------------------</td>
<td>------</td>
<td>------</td>
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<tr>
<td>Misrepresentation/Deception to Obtain Property</td>
<td>13</td>
<td>9</td>
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<tr>
<td>OARRS Violations</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Permitting</td>
<td>16</td>
<td>9</td>
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<tr>
<td>Practicing Outside Scope</td>
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<tr>
<td>Standard of Care</td>
<td>323</td>
<td>297</td>
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<tr>
<td>Standard of Care with Significant Patient Injury</td>
<td>7</td>
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<tr>
<td>Standard of Care: Excessive/Unnecessary Treatment</td>
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<tr>
<td>Standard of Care: Informed Consent</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Standard of Care: Patient Records</td>
<td>5</td>
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<tr>
<td>Unlicensed Practice</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Violation of Consent Agreement</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td>579</td>
<td>511</td>
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</table>
DISCIPLINARY ACTIONS

The Board is authorized to revoke and suspend licenses, certificates and permits, impose probationary requirements, issue suspensions and practice restrictions. The Board is also authorized to deny initial applications or renewal applications.

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<thead>
<tr>
<th>Complainants and Investigations</th>
<th>FY 15</th>
<th>FY 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases carried over from previous year</td>
<td>192</td>
<td>152</td>
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<tr>
<td>New cases assigned</td>
<td>550</td>
<td>466</td>
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<tr>
<td>Total cases investigated</td>
<td>742</td>
<td>618</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charges Filed and Citations Issued</th>
<th>FY 15</th>
<th>FY 16</th>
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</thead>
<tbody>
<tr>
<td>Administrative Charges Filed</td>
<td>14</td>
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<tr>
<td>Evidentiary Reviews</td>
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<tr>
<td>Hearings Held</td>
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<td>Suspensions</td>
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<td>Revocations</td>
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<td>0</td>
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<tr>
<td>Consent Agreements</td>
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<td>Hearings Pending</td>
<td>4</td>
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<td>Warning Letters</td>
<td>79</td>
<td>16</td>
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<tr>
<td>Infection Control Evaluations</td>
<td>226</td>
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<tr>
<td>Voluntary Surrender/Retirement</td>
<td>6</td>
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# BOARD MEMBER MATRIX

<table>
<thead>
<tr>
<th>Board member name</th>
<th>Eligible for reappointment?</th>
<th>Term Expiration Date</th>
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<tbody>
<tr>
<td>Charles C. Smith, DDS - Dentist</td>
<td>Yes</td>
<td>4/6/17</td>
</tr>
<tr>
<td>Jeanne Huber, RDH - Hygienist</td>
<td>Yes</td>
<td>4/6/17</td>
</tr>
<tr>
<td>Ann Aquillo, Public member</td>
<td>Yes</td>
<td>4/6/17</td>
</tr>
<tr>
<td>Martin J. Chambers, DDS - Dentist, Vice-secretary</td>
<td>Yes</td>
<td>4/6/18</td>
</tr>
<tr>
<td>Marybeth Shaffer, DDS - Dentist, President</td>
<td>No</td>
<td>4/6/18</td>
</tr>
<tr>
<td>Constance Clark, RDH - Hygienist, Vice-president</td>
<td>No</td>
<td>4/6/18</td>
</tr>
<tr>
<td>Burton Job, DDS - Dentist (Oral Surgeon)</td>
<td>Yes</td>
<td>4/6/18</td>
</tr>
<tr>
<td>Susan Johnston, RDH - Hygienist</td>
<td>No</td>
<td>4/6/19</td>
</tr>
<tr>
<td>Patricia Guttman, DDS - Dentist, QUIP Coordinator</td>
<td>Yes</td>
<td>4/6/19</td>
</tr>
<tr>
<td>Bill Anderson, DDS - Dentist</td>
<td>Yes</td>
<td>4/6/19</td>
</tr>
<tr>
<td>Kumar Subramanian, DDS - Dentist (Endodontist)</td>
<td>Yes</td>
<td>4/6/19</td>
</tr>
<tr>
<td>Michael Ginder, DDS - Dentist</td>
<td>Yes</td>
<td>4/6/20</td>
</tr>
<tr>
<td>Ashok Das, DDS - Dentist, Secretary</td>
<td>No</td>
<td>4/6/20</td>
</tr>
</tbody>
</table>

**Legend**

- **Blue** - Indicates that term will expire within 1 year
- **Red** - Indicates that the term will expire within 2 years
- **Yellow** - Indicates that the term will expire within 3 years
- **Green** - Indicates that the term will expire in 4 years
OHIO STATE DENTAL BOARD
STRATEGIC MAP
FOR CALENDAR YEARS 2016 AND 2017

OUR VISION
Healthy Ohioans through excellence in dentistry.

OUR MISSION
The State Dental Board is entrusted to promote service excellence in dentistry and to protect the public through licensure, education and enforcement of standards with fairness and integrity.

OUR CORE VALUES
S.E.R.V.E. + Stewardship + Excellence + Respect + Virtuosity + Integrity + Communication + Ethics

OUR KEY PRIORITIES
There are 10 key priorities spread across 3 service lines (i.e. Licensure, Education, Enforcement).

Shown below are cross-cutting priorities that impact all 3 service lines:

- PRIORITY 7 - DEFINE SCOPE OF PRACTICE IN STATUTES AND RULES
- PRIORITY 8 - BUILD A NEW BOARD WEBSITE
- PRIORITY 9 - REVIEW AND UPDATE STATUTE AND RULES
- PRIORITY 10 - DEVELOP A CROSS-FUNCTIONAL PROGRAM FOR STAFF

The Board did not have a strategic plan prior to the creation of its inaugural plan in February, 2016.