



# Newsletter

North Dakota State Board of Dental Examiners

Fall 2002

## PRESIDENT'S MESSAGE by John Fishpaw D.D.S.



It has been another fine year for the Board of Dental Examiners. North Dakota is such an extraordinary state. We have had few complaints and only one disciplinary action this year. I want to especially commend the peer review committee of the North Dakota Dental Association for their skillful handling of most misunderstandings that do occur.

Our Board is working extremely well together and is accomplishing its functions efficiently. The thoughtful comments of our newest Board member, Dr. Dale Dohms, have proven most helpful. Dr. Scott Preisler has done a fabulous job, especially researching and leading in the establishment of our new anesthesia guidelines. I look forward to his presidency next year. Veteran Board member, Dr. Joan Pope, has provided stability and an extensive knowledge of the examination process and we will miss her when her term expires in the spring. Linda Nepl, our hygiene member, has taken on many responsibilities and has executed them well. After ten years, the independent spirit of Mavis Patchen, our public member, will be difficult to

replace. We will miss her thought-provoking and probing questions. And then there is Dr. Wayne Mattern, who has another year on the Board, but will soon be stepping down as executive director. He is the glue that holds the Board together. He can answer almost any question regarding ND rules and regulations (if he doesn't know the answer, he'll make you think he does). His leadership has enabled the Board to function smoothly and efficiently. When the new executive director is selected, they will be fortunate to have him as a mentor. I also want to thank our Board attorney, Jerry Kettleon, for his expert advice and his genuine interest in the nuances of dental boards. He is such a nice guy, I often forget that he is a lawyer.

I think the future is going to bring some major changes in dental and hygiene licensure. It will be our charge to make sure that these changes are in the best interest of the people of North Dakota. I look forward to the challenge.

## ALTERNATIVE ENTRY-LEVEL CLINICAL LICENSURE EXAMINATION by Stephen K. Young, Dean, University of Oklahoma College of Dentistry

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The N.D. Dental Board is continually seeking ways to make the Central Regional Dental Testing Service (CRDTS) exam more valid and reliable. Various regional and national committees are currently working to this end. To shed perspective on this task the following article from the Western Regional Examining Board's spring 2002 newsletter is reprinted with permission. (The model described is similar to the clinical exam used in Canada.) W.M.

Whatever meeting I attend these days – the American Dental Association (ADA), the American Dental Education Association (ADEA), or the American Association of

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# COMMENTS FROM THE CENTRAL OFFICE

By Wayne Mattern, Executive Director

I would like to begin by complimenting the Dental Community in North Dakota. Your high level of professionalism and concern for your patients has once again kept the number of complaints to a minimum. Much appreciated by the Board. Thank You.

In addition, much appreciation goes to the North Dakota Dental Association Officers and Joe Cichy for the assistance via the Peer

Review Committee. Many of the patient complaints are minor (poor communication) and may be handled easily by the Peer Review people. The Board sincerely appreciates your efforts to keep the Peer Review Committee vital. The effort reflects well on dentistry as a true profession!

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## 1. Legislative Corner

*(see related articles in this newsletter by Linda Nepl and Sharyl Jacobs)*

a. A new rule, which took effect June 2002, allows properly trained and qualified hygienists to expand treatment under general supervision. Under general supervision, hygienists may now see patients in a satellite office.

b. A second rule effective January 2004, changes the renewal cycle from one year to two years. The C.E. cycle to include being current in I.C. and C.P.R. is also on a two-year cycle. (In the past the C.E. cycle was five years.)

*(Note which follows is from the Board meeting minutes 9-13-02)*

### **Implementation of 2-year Licensure Renewals:**

A report was given by Dr. Mattern after consultation with APT, Inc. The Board felt comfortable with starting the 2-year cycle in January 2004. For the year 2003, everyone will be on a 12-month renewal cycle with dentists and hygienists on a 5-year continuing education cycle and assistants on a 12-month cycle. When the 2-year cycle goes into effect in 2004, dentists will need 32 credits

every 24-months, with maximum 6 hours non-clinical, 10 hours homestudy; and hygienists will need 16 hours for 24-months with maximum 3 hours non-clinical and 5 hours homestudy. Dental assistants will stay the same. All three groups must be current in Infection Control and C.P.R.

c. Pending legislation in January 2003, the N.D. Hygiene Association will introduce legislation to allow properly trained hygienists to administer local anesthetic. Currently, the N.D. Board is on record in favor of the issue, by a six to one margin, while the Dental Association is on the record in opposition.)

*See Linda Nepl Article*

## 2. HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) privacy regulations impose tough new restrictions on the use and disclosure of protected health information (PHI) by health organizations and their employees. You must first understand what PHI is so you know when to comply with the new privacy regulations.

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# NOTE FROM BOARD ATTORNEY

by Jerome C. Kettleson

I have been acting as the lawyer for the North Dakota Dental Examiners for the past ten years and hope to continue into the future. I've enjoyed interacting with dentists, hygienists assistants, and dental patients over these years. I'm not involved with Dental Examiners on a full time basis, but I've spent enough time to conclude the quality of dental care in North Dakota is remarkably high. For that, the rest of us are all very appreciative of the dental professionals.

Most of my time is spent on complaints by patients against their dental care provider. There aren't many complaints, but the complaints filed with the Board are all carefully considered by the complaint committee of the Board and promptly acted on.

The complaint process involves an initial determination of the seriousness of the complaint and a determination of what investigation, if any, is necessary to resolve the problem. Sometimes the

complaint can be handled by Peer Review. Peer Review works very well when the complaint is a fee dispute or some other communication problem between the Dentist and the dentist's patient. If the dentist and the patient are agreeable, a disinterested dentist is asked to look at the circumstances and suggests a resolution of the problem. Other times, complaints require a complete investigation and a formal hearing before the Board. The offenses considered by the Board vary widely from acts of negligent practice to insurance fraud and many acts between. All of the offenses relate to the professional conduct of the dental professional. After the investigation, a determination is made by the entire Board as to whether there should be a formal hearing before members of the Dental Examiners and an administrative law judge.

The Board remains actively involved in each step and is always aware of the public interest as well as the best interest of the entire dental community.

# New Board Member *by Dale W. Dohms D.M.D.*

It is an honor to be chosen to serve the people of my chosen state as a representative of the profession I really love.

I was born at an early age, to second generation Canadian parents in Alberta, Canada. Shortly after, our family moved back to Saskatchewan where my father established an agricultural sales and repair facility in Melville. My elementary and high school education was completed there.



**Board members through March 2003:**

*left to right: Wayne Mattern D.D.S., Linda Neppel R.D.H., Mavis Patchen, Public Member, Dave Dohms D.D.S., Scott Preisler, D.D.S., John Pope D.D.S., John Fishpaw D.D.S.*



*Dr. Pope and Dr. Preisler in discussion at the Board booth. State meeting, Minot, ND (9/02)*



*Two hygiene candidates and Dr. Fishpaw. Licensing ceremony. State meeting, Minot, ND (9/02)*

Growing up observing a superb machinist in his trade established a respect and appreciation of precision, attention to detail, and fine finishes. Small business experience in dealing with the public also left an indelible impression on me that, combined with the other exposure, helped me in deciding that dentistry was a good career. Thirty-some years of practice have confirmed it.

I attended the University of Manitoba for undergraduate and dental school and graduated in 1967 with a D.M.D. At the University of Manitoba Dr. Paul Heese and I attended dental school together for two years. This acquaintance ultimately figured in my being in North Dakota. I practiced in Northern Saskatchewan for two years and in my hometown for another three years. During this time I became familiar with government control of medicine and dentistry. The provincial government imposed a second level of dental care provider on the profession called a "dental health nurse" to reduce the cost of dental care and provide "free" dental to school children. Two years

of technical training was all that was required to license these practitioners to provide comprehensive dental care. Many dentists in smaller communities left the province as many of their school age patients no longer needed a "real" dentist. This intrusion of government, diluting the professionalism of dentistry was a large factor in my accepting an invitation by Dr. Reese and Dr. Malcolm Stewart, formerly of Bowman, to "check out" North Dakota. I did, I liked it, and I passed the N.D.B.S.D.E. exam at Wahpeton in 1971 and finally immigrated to Minot in 1972. The local dentists and the dentists on the N.D.B.S.D.E. warmly welcomed me.

I have practiced in three locations in Minot since 1972 and currently have the privilege of sharing my practice with Dr. Paul Heese who joined me in 1998 when he sold his practice in Harvey and moved to Minot.

It is no secret to those who know me, that I am very happy to be practicing dentistry, with its exciting advances in technology, in the state of my choosing, North Dakota.

My objective as a member of the Board is to protect and enhance the quality of dental care available to our citizens of North Dakota. I believe my background and experiences enable me to contribute to attaining this goal. Thanks for the opportunity.

# COMMENTS FROM THE CENTRAL OFFICE (cont. from page 2)

You may think that PHI is simply a patient's computer records. But PHI can be a lot more than that. To help you recognize it in all forms, listed below is what the regulations say and six rules for identifying PHI.

The HIPAA privacy regulations define PHI as health information that's individually identifiable and created or received by a health care organization. If you improperly use or disclose PHI, you or your organization may face stiff penalties for violating the HIPAA privacy regulations. The penalties include: Federal fines of \$100 per accidental violation; A maximum fine of up to \$250,000 for malicious violations; and Federal prison sentences of up to 10 years for selling PHI or using it to harm someone. In addition, you organization must have its own policies on improper disclosure and use of PHI by employees, and those policies include disciplinary action as severe as termination.

## **Six Rules for Identifying Protected Health Information (PHI):**

1. PHI can be written or oral.
2. PHI can be recorded on paper, computer, or other media.
3. Information that reveals the state of a person's health can be PHI.
4. Health information must be "individually identifiable," to be PHI.
5. Health information can be "individually identifiable," and therefore PHI, if it gives a reasonable basis for determining a person's identity.
6. Health information can be PHI whether your organization creates it or receives it.

Health Insurance Portability was implemented in 1997. Administrative Simplification (uniform transactions and code sets) will be implemented in October 2003 if the extension is requested. Privacy of PHI will be implemented April 14, 2003. The final rule regarding Security of PHI is anticipated October 2002, and compliance would be enforced 26 months later. **Health care providers who transmit data electronically must comply with HIPAA.**

To help everyone understand and cope with the new HIPAA requirements, the NDDA has scheduled a HIPAA seminar conducted by the ADA on January 24, 2003 from 1:30 p.m.-4:30 p.m. in Bismarck, ND. The afternoon seminar will be specific to dentistry, and will come after HHS publishes the final HIPAA rules. The HIPAA seminar will be presented by Mr. Bob Lipp and Mr. Mark Rubin.

The ADA has created a manual specifically for dental offices. This will be available to members attending the seminar for \$99. Each dentist or office must have the manual at the seminar. The manual is the only cost for the seminar; however, everyone including additional staff must pre-register so adequate space can be provided (registration is with the NDDA).

## **3. Advertising Tips**

Here are a few tips to ensure compliance with the Rules and Regulations concerning advertising in North Dakota.

- If services are listed, make sure your specialty or the words "general dentistry" or "general practice" are included. The word "family" can be substituted for the word "general."
- Always use your earned degree after your name (i.e. D.D.S. or D.M.D.).
- Do not promise or advertise services that you cannot deliver.
- Never imply that you are a specialist if you are a general dentist.

- Never advertise a specialty that is not ADA approved.

## **4. OSHA Site Lists Inspection Activity**

The Occupational Safety and Health Administration, U.S. Department of Labor has published a site for inspections of offices and clinics, including those for dentists.

To view a list of inspections and details of the inspection/findings, visit the OSHA web site at [www.OSHA.gov](http://www.OSHA.gov) and look under "Statistics" and "Inspection Data."

## **5. Alert Regarding Nitrous Oxide Use**

A new warning in the use of nitrous oxide...possible adverse reactions may result when nitrous oxide is administered to patients who have undergone ophthalmic surgery where medical specialty gases were used.

In patients who have previously undergone eye surgery, a gas bubble forms as a part of the healing process; when nitrous oxide is then used as a part of a dental procedure, the nitrous gas can permeate the bubble and ultimately cause decreased vision and/or blindness.

A gas bubble may be found in the eye when C3F8 (perfluoropropane) was used in the last eight weeks, or SF6 (sulfur hexafluoride) within the last 14 days, as an interocular gas.

The FDA has not issued a safety alert as of the date of this printing. However, an official with the FDA has advised the Board's office that the dental community should be apprised of the potential danger of using nitrous oxide on patients who have recently undergone eye surgery and that patient assessment for recent eye surgery is necessary.

## **6. Final Comments**

The year 2003 will bring the end of the term for the Board's first and only consumer member to this time. Mavis Patchen has served very well over the past ten years. She will be difficult to replace. Mavis will finish her second five-year term in March of 2003. If you are aware of someone who may be interested in this office, please advise the Central Office or any Board member.

In March 2003 Dr. Joan Pope will also finish her term. Joan has been a great asset to the Board, serving as secretary-treasurer and filling many key committee positions. From all the Board members and the people of North Dakota, a big thank you goes to both Joan and Mavis.

Lastly in a memo dated 9-12-02 to all Board members, Jerry Kettleson, NDDA, NDDHA, NDDAA and A.P.T., I offered my notice of retirement from the office of Executive Director since 1994 and the term has been a great growth experience. Thank you all. (I will continue as a Board member through March 2004.) Nominations for any of the three above mentioned positions will be appreciated. Thank you all very much.

*W.M.*

# ANNUAL REPORT OF THE NORTH DAKOTA STATE BOARD OF DENTAL EXAMINERS

June 2002

by Wayne Mattern, D.D.S.

The function of the North Dakota State Board of Dental Examiners is described in Chapters 43-28, 43-20 and Articles 20-01 through 20-05 of the North Dakota Century Code.

As an overview, the primary responsibility of the State Board is to serve the greater good of the citizens of North Dakota by protecting state residents from illegal and unethical dentistry. The goal is accomplished through licensing, education and examination of those persons practicing dentistry or dental hygiene in North Dakota, and the registration of Dental Assistants.

## Officers for 2002 are listed below:

President	Dr. John Fishpaw - Minot
President Elect	Dr. Scott Preisler - Fargo
Secretary/Treasurer	Dr. Joan Pope - Wahpeton

## Remaining Board Members:

Ms. Mavis Patchen <i>(Consumer Member)</i>	Bismarck
Linda Nepl, R.D.H.	Fargo
Dale Dohms, D.D.S.	Minot
Wayne Mattern, D.D.S. <i>(Also serving as Executive Director, NDSBDE)</i>	Bismarck

During the past 12-month period, the board issued 15 unrestricted North Dakota dental licenses and 36 unrestricted North Dakota hygiene licenses. The number of dental licenses were up seven from last year and hygiene licenses were up fifteen.

Of the 15 dental licenses, two are oral surgeons, one is a pedodontist, one an orthodontist, and one an ortho resident.

In the area of discipline, most cases were minor. We continue to work closely with Peer Review. In this area the Board thanks the North Dakota Dental Association for its efforts. We believe our state has a strong Peer Review Committee due to the concern and work of the Dental Association. The Board feels strongly that this relationship has worked well and many of the cases that are reported to the Board are appropriate for peer review only.

The Board encourages everyone to review and know the ADA Pamphlet on Ethics (especially helpful regarding appropriate advertising and

handling of patient records). All pertinent records must be transferred per patient request even if the patient has a balance due. In addition, the Board strongly encourages practicing sound risk management principles.

## Other areas of interest:

1. Rules modifications:
  - A. Properly trained and educated registered assistants may place sealants under direct supervision.
  - B. All Level 3 sedation in N.D. will require a specific Board permit per ADA guidelines.
2. The Board is planning a table at the state meeting in Minot as a F.Y.I. service.
3. The issue of local anesthesia administration by qualified dental hygienists will be on the Board agenda (Sept. 2002). Most likely there will be L.A. Legislation 1-03. At this time the Board is on record in favor of the issue.
4. The Board is working in the area of oral health access. As a group we have an interest in the externship program and the Bismarck area association called Bridging the Dental Gap and are working with the Dental Association on these issues. The Board is willing to help the Association and the other community leaders in North Dakota as needed. We have sent a letter of support to the N.D. Dept. of Health (Ms. Maija Beyer, RDH as she works to receive access grant money from the Robert Wood Johnson Foundation).
5. Regarding APT (management company for the Board): All is going really well. APT, Inc. has appointed Jacinda Simmons as the Portfolio Manager for the Board of Dental Examiners. She is a 2001 business graduate of Minot State. Leslie Glass and Nikki Owings have been training Jacinda in the administrative duties of the Dental Board. Jacinda has been working directly with Dr. Mattern since the Fall of 2001. She is now the main contact for the board at the APT office.

The Board has its own phone line for CE, licensing, renewal and license verification questions. The number is 701-258-8600. The Board is on the Internet. The web site is [www.nddentalboard.org](http://www.nddentalboard.org). The site has all the current Board news and a complete directory of

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# ENTRY-LEVEL CLINICAL LICENSURE EXAMINATION (cont. from page 1)

Dental Examiners (AADE) - everyone is talking about alternative clinical licensure examinations. It seems the most recent stimulus for this discussion was the 2000 ADA House of Delegates resolution calling for the elimination of testing on human subjects by the year 2005. Since that time there have been numerous editorials discussing the pros and cons of such a change. Some states such as New York are looking at granting a license if the candidate has completed an accredited residency program in lieu of the traditional clinical examination. It should come as no surprise that dental students almost without exception have enthusiastically supported the resolution, but where do dental schools stand in this debate?

The opinions of dental faculty, like those of the practicing dental community, vary greatly. Some support the granting of a dental license simply if a student has graduated from an accredited dental school; others support elimination of live patients with the use of manikins or computer simulation for candidate evaluation; others support modifications in our current system; and still others support no changes in the present system.

In January 2002, Dr. Jim Cole, ADE president, met with dental deans from Maryland, Michigan, Kansas City, Oklahoma, San Antonio, and Virginia, and with representatives from regional and independent dental examining boards to evaluate a proposed model for an alternative entry-level clinical licensure examination.

## *This draft proposal was based on six assumptions:*

1. It is reasonable for non-faculty evaluators representing state boards of dentistry and/or regional examining boards to evaluate the clinical competency of candidates for an entry-level dental license.
2. The assessment of dental care delivered to patients is a reasonable portion of an evaluation process to assess entry-level clinical competency in dentistry.
3. The current system evaluating delivery of patient care during an entry-level clinical examination is inappropriate because it:
  - a. evaluates only "one time" performance under unnatural conditions that may not be representative of the candidate's abilities;
  - b. often calls for compromise of acceptable sequencing of therapy;
  - c. may jeopardize standards of care by improperly delaying treatment;
  - d. may lead to compromised diagnostic decisions and potential overtreatment;
  - e. unfairly penalizes candidates whose patients fail or come late to their appointments, or demand unreasonable compensation;
  - f. may leave patients without appropriate follow-up care; and
  - g. potentially violates the professional fiduciary responsibility of a health care provider by sending the message to all involved that the patient is merely a means to an end.
4. Due to the factors noted in item 3, many organizations and groups (including the ADA, the American Student Dental Association and ADEA) are formally calling for the elimination of human subjects in traditional dental clinical licensure examinations.
5. Canada and several European countries have utilized broadly based systems, in concert with the dental schools, to evaluate the clinical competencies of candidates for entry-level licensure. A portion of those systems involves the evaluation of patient care delivered during each candidate's final year of dental education.
6. Over the past 30 years, all dental specialty certifying boards in the United States have moved to systems where direct observation of clinical care delivered by candidates for diplomate status has been replaced by indirect observation of delivered care through a review of case treatment portfolios.

Based upon the foregoing assumptions, the following proposal (abridged) was brought to the table for consideration as an entry-level clinical licensure mechanism. The proposal has four phases:

**Application Phase** During the application phase, candidates would apply to the examining agency and would be supplied with guidelines for patient selection. Such guidelines would include specific periodontal, prosthetic and restorative requirements. Following approval of the application, each candidate would identify a maximum of two patients (within the school's patient population) that collectively meet those guidelines. The candidate then would independently complete the diagnostic work-up and treatment plan for each patient and start separate patient portfolios for each.

This alternative evaluation process would require the candidate and the school to verify that all aspects of patient care associated with the examining agency's evaluation be completed by the candidate.

Faculty selected by the school would be calibrated by the examining agency and would then evaluate the treatment procedures using agency-approved criteria. If faculty members had to intercede during the delivery of care, it would be noted in the patient portfolio.

**Clinical Evaluation Phase I** In the fall of the senior year, an examiner from the examining agency would come to the school and meet with each candidate individually. Candidates would present their patients. The examiners would verify that the patients met the guidelines and would then evaluate each patient's diagnostic work up and treatment plan.

**Clinical Evaluation Phase II** Each candidate would proceed with the delivery of care as outlined in the treatment plan. Each phase of care would be carefully documented within the patient portfolio, and every aspect of care delivered by the candidate would be "graded" by a faculty member using the criteria of the examining agency. Any intercession by a faculty member would be noted.

Restorative procedures would be documented via photographic or digital image of the preparation. Prosthetic and periodontal treatment would be documented in a similar way.

The North Dakota Dental Hygienists Association (NDDHA) will be sponsoring a bill to be presented to the 2003 legislative session. The bill will be in favor of legalizing local anesthetic to be administered under direct supervision by a qualified dental hygienist. The NDDHA has hired lobbyist Cal Rolfson to prepare and present the bill on their behalf. The North Dakota Board of Dental Examiners has voted to support the NDDHA in their endeavor.

*The note which follows is from the Board meeting minutes (9-13-02).*

**Local Anesthesia Given by Hygienists:**

*Dr. Swanson and Kim Richter each gave a report on why this duty should be allowed for properly trained hygienists. Ms. Nepl, Dr. Preisler and Dr. Mattern gave positive comments regarding the procedure being done by hygienists. Kim Richter's report stated the NDDHA has hired a lobbyist to prepare a bill to be presented in January 2003. Dr. Preisler had discussed the procedure with some Minnesota dentists and all comments were positive. Dr. Mattern reported this would be a plus for the patients. The malpractice premium does not increase in offices where the procedure is provided by hygienists. Motion made by Ms. Patchen, seconded by Dr. Preisler; to support the issue of local anesthetic to be given by hygienists. The vote was 6-1 in favor of supporting this concept. The Executive Committee of the Board will determine the level of support.*

**NDDHA 2002-2003 Officer Roster**

<b>President</b> Kim Richter	<b>Secretary</b> Karla Jalbert
<b>Immediate Past President</b> Pamela Jochim	<b>Trustees</b> Kim Freeman Kerry Ulrich
<b>President Elect</b> Kim Freeman	<b>Newsletter Editor</b> Jenae Jung
<b>Vice President</b> Judy Ryen	<b>Historian</b> Janet Graalum
<b>Treasurer</b> Kerri Effhauser	<b>NDBODE Liaison</b> Leslie Pfeifle
<b>ADHA Delegate</b> Bev Marsh	

If you are a certified dental assistant registered with the North Dakota State Board of Examiners and meet the following criteria, you may now do sealants in the state.

1. The assistant is currently certified by the Dental Assisting National Board (DANB) and currently registered with the State Board of Dental Examiners of the State of North Dakota; and

2. The assistant is a graduate within the past two years of an accredited school recognized by the Commission on Dental Accreditation of the American Dental Association (CODA), or if not a graduate of a CODA accredited school within the two years, if the assistant successfully completes a board-approved sealant class or course offered at an accredited school.

If you are in need of the board-approved sealant course, North Dakota State College of Science in Wahpeton has two such courses scheduled; one in the fall, November 22-23, 2002 and the other in the spring, March 28-29, 2003. For the course outline call 1-800-342-4325, Ext. 32333.

The North Dakota Dental Assistants Association and the North Dakota Dental Association have a committee looking into additional expanded functions for assistants in the state of North Dakota being added to the law in the future and we will keep you informed. If you have any suggestions, please let one of our Board members know.

**NDDAA 2002-2003 Officer Roster**

<b>President</b> Janice Kuchar	
<b>Immediate Past President</b> Jennie Assand	
<b>President Elect</b> Lucinda Johnson	
<b>Vice President</b> Robyn Schwingler	<b>Secretary</b> Lisa Job
<b>Treasurer</b> Marilyn Nicholson	<b>Liaison</b> Sharyl Jacobs

# SARGENTI ENDODONTICS

by John Fishpaw &  
Jerome C. Kettleson

The Board is studying the use of paraformaldehyde-containing endodontic filling materials and sealers as used in the state of North Dakota. Although usually safe when properly used, research has shown that these materials (frequently known as Sargenti paste, N-2 or RC-2B) can cause damage to tissues, such as destruction of connective tissue and bone, intractable pain, paresthesia and dystesia of both mandibular and maxillary nerves and chronic sinus infections.

A few North Dakota dentists report having used the paste fill technique for years with few problems, but the Examiners are reviewing literature and the other information they are able to gather in order to assure themselves that the procedure is appropriate for use in North Dakota.

## APT CORNER

The Board phone number is (701) 258-8600. This can be used for all CE credit, licensing, renewal and license verification questions.

The Board website is [www.nddentalboard.org](http://www.nddentalboard.org). The web site has current Board news and a directory of Board members. It also has information and forms for licensing, renewal, and continuing education. The website also has Board statutes and rules.

All questions and license verifications can be handled via phone during regular office hours or the Board's e-mail ([ndsbd@aptnd.com](mailto:ndsbd@aptnd.com)). Office hours are Monday-Friday, 8:00 a.m. to 5:00 p.m.

## ANNUAL REPORT OF THE NDSBDE (cont.)

the Board. The forms for application and CE registration are also available on the web site. All questions and licensure verification can be handled via the phone during regular office hours or the Board's email ([ndsbd@aptnd.com](mailto:ndsbd@aptnd.com)). Office hours are Monday - Friday, 8:00 am. to 5:00 p.m.

6. The Board annually publishes a newsletter to keep everyone informed and as a method of loss prevention. Please look for the newsletter and annual renewal materials around Thanksgiving time. Your early response is greatly appreciated!
7. For the year 2001, there were 351 licensed dentists, 490 dental hygienists, and 368 registered dental assistants.

Minutes of all meetings are bound and are in the central office. Copies of the minutes of any meeting may be obtained by writing to the address below.

In addition, the Board makes available copies of Chapter 43-28, 43-20 and Articles 20-01 through 20-05 (Practice Act and Rules), as well as rosters of all dentists or hygienists licensed to practice in North Dakota and assistants who are registered. If interested, please write to the address below.

North Dakota State Board of Dental Examiners  
PO Box 7246  
Bismarck, ND 58507-7246

### Change of Address

You are required to forward any address change to the Board within 30 days of the move. This is very important since the Board is required to reach you at the address you have on record. Failure to notify the Board of an address change could subject you to penalties. Thank You.

*You may send all correspondence to:*  
North Dakota State Board of Dental Examiners  
PO Box 7246  
Bismarck, ND 58507-7246

### Next Board Meeting

Thursday, January 23rd, 2003 at 4:00 p.m.  
Ramkota Inn (formerly Radisson Inn), Bismarck, ND

PLEASE KEEP THIS NEWSLETTER ON FILE FOR FUTURE REFERENCE