2014

North Dakota State Board of Dental Examiners

PRESIDENT'S MESSAGE

Greetings!

It has been a very eventful year for the board of dental examiners. We continue to see an influx of new licensees. This can be attributed to more residents graduating from dental career programs as well as from the news of the robust economy that is occurring in our great state. With the increase in numbers of dental professionals, advertisements to attract new patients has become more prevalent. Please be cognizant to only advertise specialties recognized by the American Dental Association and in which you have earned an advanced certificate or degree from an accredited institution.

The Board of Dental Examiners is in the process of implementing rule changes that will expand duties associated with dental hygienists and dental assistants. There will also be additional educational requirements associated with these expanded duties. The Board initiated these measures being fully aware of its mission to protect the public. I urge you to familiarize yourself with these changes as well as the educational requirements. New rules will be posted to the Board's web site once implemented. Each licensee is responsible to know the duties that are allowed for dental professionals.

Self-reporting of various circumstances encountered by licensees is mandatory. YOU ARE RESPONSIBLE to notify the Board of Dental Examiners if you have any substance abuse problems, addictions, DUI's, as well as arrests, convictions or legal actions brought against you by any patient. All licensees are also required to report any knowledge of unethical or errant behavior or conduct of a dentist or licensed auxiliary including adverse events of formal or informal actions [NDCC 43-28-18.1]. Please remember your ethical and legal responsibility to report. An additional incentive to do so - maintaining ones dental license – seems a good reason.

As I reflect on years past, I feel privileged to have worked with the dedicated board members who have remained committed to protecting the public and ensuring that ND dentistry is represent by competent professionals. We are fortunate to have Rita Sommers as our Executive Director. Her expertise and dedication to efficient management of our organization is very much appreciated. I would also like to thank board members for participation and diligence required to stay abreast of the dynamics of the various clinical examinations. The information, networking, and knowledge that we obtain as examiners is vital to a successful board. I thank all of my colleagues for their dedication and time. I would like to thank Dr Anthony Malaktaris for his ten years of service with the Board of Dental Examiners. Tony has served the state of North Dakota well during this time. Additionally he has served in leadership roles during this time with the Central Regional Dental Testing Service. Thank you Tony for all that you have done. A great addition to the Board has been our newest member, Tim Mehlhoff, CPA. Mr. Mehlhoff is our public member, works for Brady Martz Accounting and lives in Grand Forks.

If you have any questions or concerns, please contact myself, Executive Director Rita Sommers or any other board members.

Thank you,

Rob Lauf, DDS

Dr. Malaktaris recognized for "10 years of Outstanding Service" to the NDSBDE

A Look Inside

MEMBER DIRECTORY

PRESIDENT
Robert C. Lauf, DDS
Mayville
Term expires 2016

PRESIDENT ELECT
Catherine Cornell, RDH
Fargo
Term expires 2016

IMMEDIATE PAST PRESIDENT
Anthony Malaktaris, DDS
Mandan
Term expires 2015

SECRETARY-TREASURER And PUBLIC MEMBER
Tim Mehlhoff, CPA
Grand Forks
Term expires 2018

MEMBER
Dale Brewster, DDS
Stanley
Term expires 2016

MEMBER
Greg A. Evanoff, DDS
Minot
Term expires 2017

MEMBER
Troy R. Petersen, DMD, MD
Grand Forks
Term expires 2019

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Office-Based Anesthesia

Anesthesia Committee Chair, Troy Petersen, DMD, MD

The Anesthesia Committee has made a paradigm move toward improving the process of obtaining anesthesia and sedation privileges. As more practitioners enter the sedation arena, and variations of expertise, education, training and marketing pressures transform dentistry and the sedation and anesthesia platform, the probability of very consequential anesthesia mishaps increase. The Committee has taken a proactive stance as a measure to address risk management. The sedation arena mandates scrutiny and evaluation processes. Although reported errors are minimal, consequences are so serious that where possible, office evaluations and assessment will be more closely scrutinized and further education prescribed when warranted.

Revisions include:

1. Administering methods that will effectively provide more subjective evaluations;
2. Amend criteria that may include a written test for initial sedation permit applicants;
3. Address areas of concern regarding the differences in the site evaluation process between OMFS and general dentists; and
4. Provide information that will prepare the practitioner for the evaluation and eliminate perplexity of the process.

Common ground for the practitioner and the bottom line as in any initiative taken by the Board, is to do our best at assuring dental patients are adequately protected.

"The only real mistake is the one from which we learn nothing"—John Powell

ARCOS, Are You Familiar With It?

Manufacturers and distributers of controlled substances must report their sales transactions to the Attorney General, who then delegates authority to the DEA. The NDSBDE has relied on Automation of Reports and Consolidated Orders System (ARCOS) reports in assisting with ongoing investigations.

As a result the Board has access to records of controlled substances purchased retail or wholesale by a prescriber. ARCOS accumulates the tabulated transactions which are then summarized into reports. During an investigation the NDSBDE may request such reports from the DEA.

The Board also relies on the ND Prescription Drug Monitoring Program (PDMP) as a tool to investigate prescription drug abuse. Addiction and diversion (information may be found on the ND Board of Pharmacy's web site). The ND Board of Pharmacy oversees the ND PDMP. Information may be found at www.nodakpharmacy.com. Any prescriber may have difficulty discerning the difference between a patient who has legitimate needs for controlled substances and drug seekers. It helps to be aware that "doctor-shoppers" often have similar modus operandi, can usually name the exact medication that will work for them and insist on being seen immediately (because their usual doctor is not available). States that have implemented the PDMP are finding the database which tracks Schedule II, III, IV and V drugs helpful to practitioners in identifying drug-seeking patients. The Board urges practitioners to participate in the PDMP. The program is a public safety measure free of charge to access and is intended to assist practitioners with patient care.

When confronted by a suspected drug user / doctor shopper, the Office of Diversion Control recommends that you DO:

- ✓ perform a thorough examination appropriate to the condition.
- ✓ document examination results and questions you asked the patient.
- ✓ request picture I.D., or other I.D. and Social Security number. Photocopy these documents and include in the patient's record.
- ✓ call a previous practitioner, pharmacist or hospital to confirm patient's story.
- ✓ confirm a telephone number, if provided by the patient.
- ✓ confirm the current address at each visit.
- ✓ write prescriptions for limited quantities.

And DON'T:

- ✓ "take their word for it" when you are suspicious.
- ✓ dispense drugs just to get rid of drug-seeking patients.
- ✓ prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.

Annual Report Of The North Dakota State Board Of Dental Examiners

July 23, 2014

The Mission of the North Dakota State Board of Dental Examiners is to protect the dental health of the citizens of North Dakota by regulating the practice of dentistry and dental hygiene through the enforcement of laws, rules and policies. The board requires competency and ethical behavior in all areas of the practice of dentistry.

2014 OFFICERS AND MEMBERS OF THE NDSBDE

Member	Location	Date term ends
Rob Lauf, DDS, President	Mayville	3-15-2016
Catherine Cornell, RDH, Pres - Elect	Fargo	3-15-2016
Tim Mehlhoff, CPA, Sec-Treasurer Public Member	Grand Forks	3-15-2018
Troy Petersen, DMD, MD	Grand Forks	3-15-2019
Dale Brewster, DDS	Stanley	3-15-2016
Tony Malaktaris, DDS	Bismarck	3-15-2015
Greg Evanoff, DDS	Minot	3-15-2017

The Board is comprised of five standing committees; Legislative, Complaints, Continuing Education, Anesthesia and Application Review. Responsibilities of committee chairs include ensuring that matters directed to committees are addressed in a timely fashion and reporting committee work at quarterly meetings. Chairs of those committees and highlights of activities are as follows:

LEGISLATIVE COMMITTEE

Chair, Rob Lauf, DDS

The Board is currently focused on the proposed amendments to the Administrative Rules. The proposed rules were delayed as a result of expanding the dental assistant scope of practice. The new language authorizes a dental assistant to provide supragingival scaling duties under the direct supervision of a dentist. Board approved training is required for the expanded scope for the hygienist, the dental assistant and the dentist.

The Legislative Management's Interim Health Services Committee continues to study ways to improve access to dental services with emphasis on the dental therapist. The Board's concerns include licensing criteria which had been presented in rhetoric inconsistent with those for existing licensees. The Board has taken a proactive role in the initiation of expanded duties for dentists, dental hygienists and dental assistants. The Board's consensus is that in taking a proactive role, access to care issues may be addressed utilizing current state residents and maintaining a level of patient safety, educational requirements, and competency requirements consistent with those of current licensees. In doing so, many amendments were made broadening the scope of practice for all licensees and registrants. (Full copy of the amendments can be obtained by contacting the Board's office. Language that has not been amended has been omitted.) The Board has approved the following amendments to Administrative Rules:

LICENSE STATUS:

Licenses and registration statistics for 7/15/2013 - 7/14/2014

Licensee	In state	Total licenses	Inactive license
Dentist	394	444	50
Dental hygienist	576	788	72
Dental assistant	536	663	n/a
TOTAL OF ALL LICENSES:		1855	

Administrative Rules Amendments

Due to the complexity and volume of amendments proposed by the Board, procedural requirements are still in progress. Licensees will be notified once the rules become law. The Amendments below were revised by the NDSBDE August 6, 2014 by adding to Section 20-03-01-01.1. Expanded duties of registered dental assistants. The new language has been highlighted in yellow.

ARTICLE 20-02
DENTISTS

20-01-02-01. Definitions.

9. "Code of ethics" means the ~~January 2009~~ April 2012 version of the American dental association's principles of ethics and code of professional conduct.

13. "Contiguous supervision" means that the supervising oral and maxillofacial surgeon whose patient is being treated and has personally authorized the procedures to be performed. The supervising oral surgeon is continuously on-site and physically present in the treatment facility while the procedures are performed by the dental anesthesia auxiliary and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.

14. "Coronal polishing" is the mechanical polishing of clinical crowns using a rubber cup or brush only and not to include any instrumentation. ~~Examination for calculus and instrumentation must be done by the dentist or hygienist.~~

18. "Direct visual supervision" means supervision by an oral and maxillofacial surgeon by verbal command and under direct line of sight.

~~23.~~25. "Oral assessment" means the evaluation of data pertaining to the patient's condition to help identify dental problems leading to a professional treatment plan. The final diagnosis of disease or treatment plan is the sole responsibility of the supervising or collaborative dentist.

~~23.~~26. "Oral hygiene treatment planning" ~~means the process of assessing and determining, by the dentist and the hygienist, the services the dental hygienist will perform, including preventative, educational, and instrumentation. This treatment plan is an organized sequence of events that is a part of the dentist's total treatment plan. The total treatment plan and diagnosis are to be determined by the dentist~~ is a component of a comprehensive treatment plan developed by the hygienist or dentist to provide the hygienist a framework for addressing the preventative, educational, and clinical treatment needs of the patient.

30. "Supragingival scaling" means to remove hard deposits and accretions from the coronal surfaces of teeth or tooth replacements.

20-02-01-01. Advertising.

3. A dentist engaged in general practice who wishes to announce the services available in the dentist's practice is permitted to announce the availability of those services as long as the dentist avoids using language that expresses or implies that the dentist is a specialist. If a dentist, other than a specialist, wishes to advertise a limitation of practice, such advertisement must state that the limited practice is being conducted by a general dentist. A dentist who is a specialist may announce the dentist's ~~specialization~~ bona fide specialty provided that the dentist has successfully completed an educational program accredited by the commission on accreditation of dental and dental auxiliary educational programs, two or more years in length, as specified by the commission on dental accreditation of the American dental association or be a diplomate of a nationally recognized certifying board. Such a dentist may announce that the dentist's practice is limited to the special area of dental practice in which the dentist has or wishes to announce.

20-02-01-03. Nitrous oxide. A duly licensed dentist may use nitrous oxide for treating patients only when the following conditions are met:

2. A dentist who induces a patient into a state of psychosedation or relative analgesia using nitrous oxide shall ensure that the patient will be continually and personally monitored by a dentist. A dentist may delegate the monitoring tasks to a licensed dental hygienist or a registered dental assistant utilizing ~~direct~~ indirect supervision only after the patient has been stabilized at the desired level of conscious sedation or relative analgesia by the action of the dentist. The licensed dental hygienist or registered dental assistant who is assigned the monitoring task shall remain in the treatment room with the patient at all times. A dental hygienist or a dental assistant may not initiate the administration of nitrous oxide to a patient. A dental hygienist or a registered dental assistant may terminate or reduce the amount of nitrous oxide previously administered by the dentist.

20-02-01-03.1. Additional requirements for licensure by examination. The board may grant a license to practice dentistry to an applicant who has met the requirements of North Dakota Century Code section 43-28-10.1 and all the following requirements:

2. The applicant has passed, within five years of application, a clinical competency examination. Required components shall include a patient-based periodontal component, a patient-based restorative component, an endodontic component, administered by one or more of the following:
   a. Central regional dental testing service.
   b. Council of interstate testing agencies.
   c. Northeast regional examining board ~~of dental examiners, except after December 31, 2009, the examination approved by the American board of dental examiners.~~
   d. Southern regional testing agency~~, except the applicant must pass the periodontal part of an examination administered by another approved regional dental testing service.~~
   e. Western regional examining board.

20-02-01-03.3. Additional requirements for applications. Applications must be completed within six months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-28-11 and 43-28-17, the board may require an application to include:

5. ~~An interview by the board.~~

20-02-01-04. Temporary license to practice dentistry. The board may grant a nonrenewable temporary license to practice dentistry in the state of North Dakota for a period not to exceed one year. ~~The temporary license will be issued only for special purposes that are unique and cannot be satisfied by the normal means to licensure.~~ Between meetings of the board, the executive director of the board may review the temporary license application and grant a provisional license if all requirements are met.
   1. A temporary license to practice dentistry in North Dakota may be granted to a dentist when the dentist:
   b. Has paid the nonrefundable application and license fee that may be prescribed by the board.
   4. The board may require the North Dakota jurisprudence examination.

20-02-01-04.2. Volunteer license to practice dentistry. A patient who is seen by a dentist who holds a volunteer license to practice dentistry shall not be considered a patient of record of the volunteer dentist. The dentist is not obligated to treat the patient outside of the volunteer practice setting. Between meetings of the board, the executive director of the board may review the volunteer license application and grant a provisional license if all the requirements are met. ~~The board may grant a~~ A volunteer license to practice dentistry in North Dakota, renewable annually by application to the board, may be granted when the following conditions are met:
   1. The applicant was formerly licensed and actively practicing in the state of North Dakota or another jurisdiction for at least three of the five years immediately preceding application, where the requirements are at least substantially equivalent to those of this state; or
   ~~2.~~ a. the applicant is the resident of a board approved specialty program; or
   ~~3.~~ b. the board determines that the applicant is qualified and satisfies the
   ~~4.~~ criteria specified under 43-28-10.1. ~~and is in good standing with the board.~~
   6. The board may collect from the applicant ~~has paid~~ the nonrefundable application and license fee prescribed by the board.
   7. The board may apply such restrictions as it deems appropriate to limit the scope of the practice of dentistry under the authority of the volunteer license.

20-02-01-05. Permit for anesthesia use.

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia, deep sedation, moderate (conscious) sedation, or a combination of any of these with inhalation, but do not apply to sedation administered through inhalation alone. A dentist licensed under North Dakota Century Code chapter 43-28 and practicing in North Dakota may not use any form of sedation if the intent is beyond anxiolysis on any patient unless such dentist has a permit, currently in effect, issued by the board, ~~initially for a period of twelve months~~ and renewable biennially thereafter, authorizing the use of such general anesthesia, deep sedation, moderate (conscious) sedation, or minimal sedation when used in combination with inhalation.

2. An applicant may not be issued a permit initially as required in subsection 1 unless:
   a. The board of dental examiners approves the applicant's facility and any other facility, clinic, or mobile dental clinic where anesthesia services are provided after an inspection conducted by an individual or individuals designated by the dental examiners;

20-02-01-06. Continuing dental education for dentists. Each dentist shall provide evidence on forms supplied by the board that the dentist has attended or participated in continuing dental education in accordance with the following conditions:

6. The board may audit the continuing education credits of a dentist. Each licensee shall maintain certificates or records of continuing education activities from the previous renewal cycle. Upon receiving notice of an audit from the board, a licensee shall provide satisfactory documentation of attendance at, or participation in the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

20-02-01-08. Discontinuance of practice - Retirement - Discontinuance of treatment. These rules are adopted for the purpose of avoiding practice abandonment. A licensed dentist shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies of the records, including dental radiographs or copies of the radiographs. The dentist may charge a nominal fee for duplication of records as provided by North Dakota Century Code section 23-12-14, but may not refuse to transfer records for nonpayment of any fees.

2. In the event of termination of a dentist-patient relationship by a licensee, notice of the termination must be provided to the patient. A dentist-patient relationship exists if a dentist has provided treatment to a patient on at least one occasion within the preceding year. The dentist who is the owner or custodian of the patient's dental records shall mail notice of the termination of the dentist's relationship to the patient, which shall provide the following:
   c. A statement of further dental treatment required, if any; and
   d. ~~A means for the patient to obtain a copy of the patient's dental records.~~ The dentist shall respond to a written request to examine or copy a patient's record within ten working days after receipt. A dentist shall comply with section 23-12-14 for all patient record requests.

4. If a dentist agrees to provide dental care without remuneration to underserved patients in the absence of a public health setting, the patient may not be considered a patient of record of the dentist providing the donated dental service

20-02-05-11. Permit for the use of dermal fillers and botulinum toxin for dental use.

1. The rules in this chapter are adopted for the purpose of defining standards for the administration of dermal fillers and botulinum toxin by a dentist if the use is limited to the practice of dentistry as defined in North Dakota Century Code section 43-28-01(7). Notwithstanding a dentist who specializes in oral and maxillofacial surgery, the board may issue a permit to a dentist who applies on forms prescribed by the board and pays the fee as required by section 20-05-01-01(1) to administer botulinum toxin or dermal fillers for the purpose of functional, therapeutic and aesthetic dental treatment purposes under the following conditions:
   a. The dentist provides evidence that demonstrates:
      1) The applicant has completed a course and received satisfactory training in a residency or other educational program accredited by the Commission on Dental Accreditation of the American Dental Association; or
      2) The applicant has successfully completed a board-approved continuing education course of instruction within the previous three months of application which includes neurophysiology, including facial tissues, parasympathetic, sympathetic and peripheral nervous systems relative to peri-oral tissue, and facial architecture, and:
         i) Patient assessment and consultation for Botox and dermal fillers;
         ii) Indications and contraindications for techniques;
         iii) Proper preparation and delivery techniques for desired outcomes;
         iv) Enhancing and finishing esthetic dentistry cases with dermal fillers;
         v) Botulinum neurotoxin treatment of temporomandibular joint syndrome and bruxism;
         vi) Knowledge of adverse reactions and management and treatment of possible complications;
         vii) Patient evaluation for best esthetic and therapeutic outcomes;
         viii) Integrating botulinum neurotoxin and dermal filler therapy into dental therapeutic and esthetic treatment plans; and
         ix) Live patient hands-on training including diagnosis, treatment planning, and proper dosing and delivery of Botox and dermal fillers.

ARTICLE 20-03
DENTAL ASSISTANTS

20-03-01-01. Duties. A dental assistant may perform the duties listed in subsections 1 through 5 under direct, indirect or general supervision of a dentist as follows: ~~. A qualified dental assistant may perform duties set forth in subsections 1 through 7 under direct supervision of a dentist. A registered dental assistant may perform the duties set forth in subsections 1 through 24 under indirect supervision of a dentist. A registered dental assistant may perform duties set forth in subsections 25 through 31 under direct supervision of a dentist. A registered dental assistant may perform duties set forth in subsections 32 and 33 under general supervision of a dentist.~~

~~1. Take and record pulse, blood pressure, and temperature.~~
~~2. Take and record preliminary dental and medical history for the interpretation by the dentist.~~
~~3. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.~~
~~4. Receive removable dental prosthesis for cleaning or repair.~~
~~5. Take impressions for study casts.~~
~~6. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).~~
~~7. Take dental radiographs.~~
~~8. Apply anticariogenic agents topically.~~
~~9. Apply desensitizing solutions to the external surfaces of the teeth.~~
~~10. Dry root canal with paper points.~~
~~11. Place and remove rubber dams.~~
~~12. Take occlusal bite registration for study casts.~~
~~13. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.~~
~~14. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only.~~
~~15. Perform nonsurgical clinical and laboratory oral diagnosis tests, including pulp testing, for interpretation by the dentist.~~
~~16. Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board-approved sealant course. Adjust sealants with slow-speed handpiece.~~
~~17. Polish the coronal surfaces of the teeth with a rubber cup or brush only after necessary scaling by a hygienist or dentist.~~
~~18. Polish restorations.~~
~~19. Place and remove periodontal dressings, dry socket medications, and packing.~~
~~20. Remove sutures.~~

~~21. Monitor a patient who has been inducted by a dentist into nitrous-oxide relative analgesia.~~

~~22. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.~~

~~23. Preselect and prefit orthodontic bands.~~

~~24. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.~~

~~25. Place and remove arch wires or appliances that have been activated by a dentist.~~

~~26. Acid-etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.~~

~~27. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.~~

~~28. Take face bow transfers.~~

~~29. Place and remove matrix bands and wedges.~~

~~30. Adjust permanent crowns outside of the mouth.~~

~~31. Orally transmit a prescription that has been authorized by the supervising dentist.~~

~~32. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.~~

~~33. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.~~

1. A dental assistant who is not registered with the board employed by a dentist may perform the following duties under direct supervision:
   a. Take and record pulse, blood pressure, and temperature.
   b. Take and record preliminary dental and medical history for the interpretation by the dentist.
   c. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.
   d. Receive removable dental prosthesis for cleaning or repair.
   e. Take impressions for study casts.
   f. Hold impression trays in the mouth (e.g., reversible hydrocolloids, rubber base).

2. A qualified dental assistant may perform the duties set forth in subsection 1 and take dental radiographs under the direct supervision of a dentist.

3. A registered dental assistant may perform the duties set forth in subsection 2 and the following duties under the direct supervision of a dentist:
   a. Place and remove arch wires or appliances that have been activated by a dentist.
   b. Acid etch enamel surfaces prior to direct bonding of orthodontic brackets or composite restorations.
   c. Place orthodontic brackets using an indirect bonding technique by seating the transfer tray loaded with brackets previously positioned in the dental laboratory by a licensed dentist.
   d. Take face bow transfers.
   e. Place and remove matrix bands and wedges.
   f. Adjust permanent crowns outside of the mouth.
   g. Orally transmit a prescription that has been authorized by the supervising dentist.
   h. Administer emergency medications to a patient in order to assist the dentist in an emergency.

4. A registered dental assistant may perform the following duties under the direct or indirect supervision of a dentist:
   a. Apply anticariogenic agents topically.
   b. Apply desensitizing solutions to the external surfaces of the teeth.
   c. Dry root canal with paper points.
   d. Place and remove rubber dams.
   e. Take occlusal bite registration for study casts.
   f. Place retraction cord in the gingival sulcus of a prepared tooth prior to the dentist taking an impression of the tooth.
   g. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments only.
   h. Perform nonsurgical clinical and laboratory oral diagnosis tests, including pulp testing, for interpretation by the dentist.
   i. Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board approved sealant course. Adjust sealants with slow speed handpiece.
   j. Polish the coronal surfaces of the teeth with a rubber cup or brush.
   k. Polish restorations with a slow speed handpiece.
   l. Place and remove periodontal dressings, dry socket medications, and packing.
   m. Monitor a patient who has been inducted by a dentist into nitrous oxide relative analgesia.
   n. Take impressions for fixed or removable orthodontic appliances, athletic mouth guards, bleaching trays, bite splints, flippers, and removable prosthetic repairs.
   o. Preselect and prefit orthodontic bands.
   p. Place, tie, and remove ligature wires and elastic ties, and place orthodontic separators.

5. A registered dental assistant may perform the following duties under the direct, indirect or general supervision of a dentist:
   a. Take and record pulse, blood pressure, and temperature.
   b. Take and record preliminary dental and medical history for the interpretation by the dentist.
   c. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.
   d. Receive removable dental prosthesis for cleaning or repair.
   e. Take impressions or occlusal bite registrations for study casts.
   f. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
   g. Remove sutures.
   h. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
   i . Provide oral hygiene education and instruction.
   j. Provide an oral assessment for interpretation by the dentist.
   k. Repack dry socket medication and packing for palliative treatment.

20-03-01-01.1 Expanded duties of registered dental assistants. A registered dental assistant shall apply for a permit to perform the following duties:

1. A registered dental assistant under the direct supervision of a dentist may perform the following restorative functions:
   a. Place, carve and adjust class I and class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow speed handpiece; and
   b. Adapt and cement stainless steel crowns;
   c. Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow speed handpiece.

2. A registered dental assistant authorized by permit and under the direct supervision of a dentist may perform supragingival scaling duties to a patient that is at least twelve years of age or less.

3. A registered dental assistant authorized by permit and under the contiguous supervision of an oral and maxillofacial surgeon may provide anesthesia duties as follows:
   a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and
   b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

4. A registered dental assistant authorized by permit and under the direct visual supervision of an oral and maxillofacial surgeon shall provide anesthesia duties as follows:
   a. Draw up and prepare medications;
   b. Follow instructions to deliver medication into an intravenous line upon verbal command;
   c. Adjust the rate of intravenous fluids infusion beyond a keep open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump.

20-03-01-01.2. Registered dental assistant in a public health setting. For the purposes of this section a public health setting shall include schools, nursing homes and long term care facilities, medical facilities, mobile dental health programs, Head Start programs and any other facilities or programs where Medicaid and other vulnerable populations are targeted. A registered dental assistant under the general supervision of a dentist and in a public health setting may perform the following duties:

1. Assist a dental hygienist who is performing services within the scope and supervision requirements as provided by 20-04-01.
2. Take and record pulse, blood pressure, and temperature.
3. Take and record preliminary dental and medical history for the interpretation by the dentist.
4. Apply topical medications and drugs to oral tissues, including topical anesthetic, but not including desensitizing or caustic agents or anticariogenic agents.
5. Receive removable dental prosthesis for cleaning or repair.
6. Take impressions for study casts.
7. Take occlusal bite registration for study casts.
8. Apply pit and fissure sealants if the registered dental assistant has provided documentation of a board approved sealant course. Adjust sealants with slow speed handpiece.
9. Polish the coronal surfaces of the teeth with a rubber cup or brush.
10 Polish restorations with a slow speed handpiece.
11. Place and remove periodontal dressings, dry socket medications, and packing.
12. Remove sutures.
13. Fabricate, adjust, place, recement, or remove a temporary crown, bridge, or onlay or temporary restorative material. This applies only to dentitions actively under treatment for which a permanent restoration is being fabricated.
14. Cut and remove arch wires or replace loose bands, loose brackets, or other orthodontic appliances for palliative treatment.
15. Provide oral hygiene education and instruction.
16. Provide an oral assessment for interpretation by the dentist.
17. Repack dry socket medication and packing for palliative treatment.

20-03-01-02. Prohibited services. A dental assistant, qualified dental assistant, or registered dental assistant may not perform the following services:

1. Diagnosis and treatment planning.
2. Surgery on hard or soft tissue.
3. Administer ~~or titrate~~ local anesthetics, sedation or general anesthesia drugs or titrate local anesthetics, sedation, or general anesthesia drugs without a board authorized permit.
4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a licensed dentist.
5. ~~Placing a final restoration.~~
6. ~~Contouring a final restoration, excluding~~ Adjust a crown which has ~~not~~ been cemented by a dentist.

~~7.~~ 6. Activate ~~Activating~~ any type of orthodontic appliance.

~~8.~~ 7. Cementing or bonding orthodontic bands or brackets that have not been previously placed by a dentist.

~~9.~~ 8. Place ~~Placing~~ bases or cavity liners.

~~10.~~9. Subgingival scaling ~~Scaling~~, root planing, or gingival curettage.

~~11.~~10. Measure ~~Measuring~~ the gingival sulcus with a periodontal probe.

11. Use a high speed hand piece inside the mouth.

20-03-01-05.1. Expanded duties of registered dental assistants. The board may grant a permit to a registered dental assistant for the following:

1. The board may issue or renew a permit authorizing a registered dental assistant to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:
   a. The applicant submits evidence on forms prescribed by the board that the applicant meets any of the following requirements:
      (1) The applicant has completed a board approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status from a board approved competency examination.
      (2) The applicant has completed a board approved dental anesthesia assistant education and training course and has proof of current certification status from a board approved competency examination.
   b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;
   c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and
   d. The applicant provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the registered dental assistant will be performing anesthesia assistant services.
2. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide restorative functions under the following conditions:
   a. The applicant meets any of the following requirements:
      (1) The applicant has successfully completed a board approved curriculum from a program accredited by the commission on dental accreditation of the American dental association or other board approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam, or
      (2) The applicant has successfully passed the western regional examining board's restorative examination or other board approved examination over five years from the date of application and successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam and provide evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.
   b. A registered dental assistant may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.
   c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental assistant.
   d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.
3. The board may issue or renew a permit on forms prescribed by the board authorizing a registered dental assistant under the direct supervision of a dentist to provide supragingival scaling under the following conditions:
   a. The applicant meets any of the following requirements:
      (1) The applicant has successfully completed a board approved supragingival didactic and clinical training course and successfully passed an examination approved by the board within one year of application. The board may require a competency examination.

(2) The applicant provides verification of successfully completed a supragingival scaling didactic and clinical training approved by the board and provides verification of continuous use in another jurisdiction during the past five years. The board may require a competency examination. Verification may consist of:

(a) A letter from the program with the school seal affixed. Photocopies will not be accepted.

(b) A notarized copy of the certificate of completion from the board approved course.

(c) A notarized letter stating that the registered dental assistant has performed supragingival scaling within the last five years.

(d) A notarized copy of the dental assisting program transcript with the supragingival course recorded.

20-03-01-06. Continuing dental education for qualified and registered dental assistants. Each qualified or registered dental assistant shall provide evidence on forms supplied by the board that the qualified or registered dental assistant has attended or participated in continuing dental education in accordance with the following conditions:

d. For registered dental anesthesia assistant permit holders, two hours related to sedation or anesthesia.

e. For registered dental restorative assistant permit holders, two hours related to restorative dentistry.

6. The board may audit continuing education credits of a registered dental assistant. Proof of continuing education shall be maintained from the previous renewal cycle. Upon receiving notice of an audit from the board, a registered dental assistant shall provide satisfactory documentation of attendance at, or participation in, the continuing education activities listed on the licensee's continuing education form. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the registration.

ARTICLE 20-04
DENTAL HYGIENISTS

20-04-01-01. Duties. A dental hygienist may perform the following services under the general, direct, or indirect supervision of a dentist:

2. Polish and smooth existing restorations with a slow speed handpiece.

7. Provide oral hygiene treatment planning after an oral assessment or dentist's diagnosis.

19. Perform nonsurgical clinical and laboratory ~~oral~~ diagnostic tests for interpretation by the dentist.

33. Repack dry socket medication and packing for palliative treatment.

34. Administer emergency medications to a patient in order to assist the dentist.

35. A dental hygienist authorized by the board under contiguous supervision of an oral and maxillofacial surgeon may:

a. Initiate and discontinue an intravenous line for a patient being prepared to receive intravenous medications, sedation, or general anesthesia; and

b. Adjust the rate of intravenous fluids infusion only to maintain or keep the line patent or open.

36. A dental hygienist authorized by the board under direct visual supervision of an oral and maxillofacial surgeon may:

a. Draw up and prepare medications;

b. Follow instructions to deliver medication into an intravenous line upon verbal command;

c. Adjust the rate of intravenous fluids infusion beyond a keep open rate;

d. Adjust an electronic device to provide medications, such as an infusion pump.

37. A dental hygienist under the direct supervision of a dentist may:

a. Place, carve and adjust class I and class V supragingival amalgam or glass ionomer restorations with hand instruments or a slow speed handpiece;

b. Adapt and cement stainless steel crowns; and

c. Place, contour, and adjust class I and class V supragingival composite restorations where the margins are entirely within the enamel with hand instruments or a slow speed handpiece.

20-04-01-02. Prohibited services. A dental hygienist may not perform the following services:

1. Diagnosis and treatment planning.

2. Surgery on hard or soft tissue.

3. Administer ~~or titrate~~ anesthetics, except topical and local anesthetic, as permitted under sections 20-04-01-01 and 20-04-01-03 or titrate local anesthetics, sedation, or general anesthesia drugs without a board authorized permit.

4. Any irreversible dental procedure or procedures which require the professional judgment and skill of a dentist.

5. ~~Placing a final restoration.~~

~~6.~~ ~~Contouring a final restoration, excluding~~ Adjust a crown which has ~~not~~ been cemented by a dentist.

~~7.~~ 6. Activate ~~Activating~~ any type of orthodontic appliance.

~~8.~~ 7. Cementing ~~cementing~~ or bonding ~~bonding~~ orthodontic bands or brackets that have not been previously placed by a dentist.

~~9.~~ 8. Place ~~Placing~~ bases or cavity liners.

9. Use a high speed handpiece inside the mouth.

20-04-01-03.1 Duties of the dental hygienist requiring a permit. The board may issue or renew a permit to a dental hygienist for the following:

1. The board may issue or renew a permit authorizing a dental hygienist to provide anesthesia assistance under the supervision of a dentist who specializes in oral and maxillofacial surgery, and meets the following requirements:

a. The applicant submits evidence on forms prescribed by the board that the applicant meets any of the following requirements:

(1) The applicant has completed a board approved dental anesthesia assistant education and training course within one year of application and has proof of current certification status from a board approved competency examination.

(2) The applicant has completed a board approved dental anesthesia assistant education and training course and has proof of current certification status from a board approved competency examination.

b. The applicant has successfully completed training in intravenous access or phlebotomy that includes experience starting and maintaining intravenous lines;

c. The applicant holds current and valid certification for health care provider basic life support, or advanced cardiac life support or pediatric advanced life support; and

d. The applicant provides a copy of a valid North Dakota general anesthesia permit of the oral and maxillofacial surgeon where the registered dental hygienist will be performing anesthesia assistant services.

2. The board may issue or renew a permit on forms prescribed by the board to authorize a dental hygienist under the direct supervision of a dentist to provide restorative functions under the following conditions:

a. The applicant meets any of the following requirements:

(1) The applicant successfully completes a board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other board approved course and successfully passed the western regional examining board's restorative examination or other equivalent examinations approved by the board within the last five years, and was successfully completed the restorative function component of the dental assisting national board's certified restorative functions dental assistant certification exam, or

(2) Successfully passed the western regional examining board's restorative examination or other board approved examination over five years from the date of application and provides evidence from another state or jurisdiction where the applicant legally is or was authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the

previous five years from the date of application.

b. A dental hygienist may perform the placement and finishing of direct alloy or direct composite restorations, under the direct supervision of a licensed dentist, after the supervising dentist has prepared the dentition for restoration.

c. The restorative functions shall only be performed after the patient has given informed consent for the placement of the restoration by a restorative functions dental hygienist.

d. Before the patient is released, the final restorations shall be checked and documented by the supervising dentist.

20-04-01-04.1. Clinical competency examination retakes. A dental hygiene applicant may take a clinical examination three times before remedial training is required. After failing the examination for a third time, and prior to the fourth attempt of the examination, an applicant shall:

1. Submit to the board a detailed plan for remedial training by an accredited dental hygiene school. The board must approve the proposed remedial training.

2. Submit proof to the board of passing the remedial training within twenty-four months of its approval by the board. The board may grant or deny a fourth attempt of the clinical examination. A fourth attempt must occur within twelve months of the date of the board's decision. If an applicant fails any part of the examination after remedial training, the board must approve additional retakes.

20-04-01-06. Additional requirements for applications. Applications must be completed within twelve months of filing. The board may require an interview with the applicant. In addition to the application requirements of North Dakota Century Code sections 43-20-01.2, 43-20-01.3, and 43-20-06, the board may require an application to include:

5. ~~An interview by the board.~~

20-04-01-08. Continuing dental education for dental hygienists. Each dental hygienist shall provide evidence on forms supplied by the board that the dental hygienist has attended or participated in continuing dental education in accordance with the following conditions:

3. The minimum number of hours required within a two-year cycle is sixteen. Of these hours, a dental hygienist may earn no more than eight hours from publications and online education. The continuing education must include:
   a. Two hours of ethics or jurisprudence. Passing the laws and rules examination is the equivalent of two hours of ethics or jurisprudence.
   b. Two hours of infection control.
   c. A cardiopulmonary resuscitation course.
   d. For registered dental anesthesia hygienist permit holders, two hours related to sedation or anesthesia.
   e. For registered dental restorative hygienist permit holders, two hours related to restorative dentistry.

20-05-01-01. Fees. The board shall charge the following nonrefundable fees:

1. For dentists:
   j. Dermal fillers and botulinum toxin permit $200

COMPLAINT COMMITTEE
Chair, Dale Brewster, DDS

Licensees and registrants whose fitness to practice or performance has been called into question usually end up before the NDSBDE's Complaint Committee. The Board addressed a total of 20 complaints in the period of July, 2012 through July, 2013. The Board addressed statute violations related to: directing unlicensed or unqualified auxiliary to perform procedures they are not authorized to perform, overtreatment, unprofessional conduct, failure to report to the Board as required under section 43-28, substance abuse, prescribing medications for reasons outside the scope of dental practice, and failure to release a dental record and violations of the code of ethics.

CONTINUING EDUCATION
Chair, Catherine Cornell, RDH

Sponsors of continuing education courses are strongly encouraged to submit the Board's CE approval form. Submitting the form provides the Continuing Education Committee the information needed to determine if a course meets the requirements as prescribed in the Administrative Rules. Miscellaneous pamphlets to solicit professionals to take CE may indicate the their courses are approved by the ND Board. To ensure your course is legit, *check with the Board before your write your check.*

An online version of the open book ethics and jurisprudence exam remains available to licensees at no cost. To take the online exam, go to the Board's web site. The licensee is required to enter first and last name exactly as it appears on your license and registration, license number and your SSN. Once 60 questions are answered correctly, the exam is completed and 2 CEU's are awarded electronically. In the event that the test is completed and not enough questions have been correctly answered, the incorrectly answered questions re-appear in random order until the correct number has been answered correctly.

ANESTHESIA COMMITTEE
Chair, Troy Petersen, DMD, MD

The Anesthesia Committee is currently working with consultants to create new guidelines for sedation dentistry. Several initial and renewal site evaluations in general dentists' offices have been unsuccessful causing great concern for the Board. As health care evolves, so does the standard of care. If a minimum standard is not achieved, a site may not provide sedation services.

Advertising of sedation services without the permit for sedation services has also been an issue. When nitrous oxide/oxygen is used in combination with any additional single enteral drug, a minimal sedation permit is required. The NDSBDE recognizes that dentists who lack appropriate education and training for such procedures put patients at risk. Sedation permit holders are required to have 4 CEU's related to sedation upon renewal of the sedation permit.

APPLICATION REVIEW COMMITTEE
Chair, Rob Lauf, DDS

ND statute requires licensed North Dakota dentists to self-report within 60 days information regarding any illegal, unethical, or errant behavior or conduct including dental malpractice judgment or settlements [See 43-28-18.1 Duty to report.). The Application Review Committee reviews applications when licensees have reported any action taken by law enforcement or other sanctioning bodies. The Committee monitors the license status and events which may influence public safety and which would therefore be of concern to the Board. The Board deliberated over several applicants during the past year who self-reported incidents such as DUI's; misdemeanors; and legal deliberations. Unfortunately, the Board also addressed incidents where illegal behavior was not reported. Duty to report requires the dentist, dental hygienist or dental assistant to advise the Board in a timely manner if the practitioner reasonably believes another practitioner has committed an illegal or immoral act.

Respectfully submitted,
Rita Sommers, Executive Director

Laws That Govern The Profession

The Board frequently answers questions brought by consumers regarding fees charged for the transfer of dental records. There are two sections of state statute that relate to the transfer of dental records, both of which are similar. Violations regarding transfer of records invariably, however, stem from a failure to provide a FREE COPY of dental records to another healthcare provider for continuation of treatment in compliance with Chapters 23-12-14(1) of North Dakota's Century Code. ***Charges for providing records under these circumstances are not permitted.*** Confusion may come from the misinterpretation of Chapter 23-12-14(2) that outlines the slightly different scenario under which nominal charges ***may*** occur. Examples of such circumstances include records requested by outside entities such as attorneys, insurance companies or other third parties. Please make note that practitioners should first recognize the purpose of any records request (as is highlighted in each Chapter printed below) before deciding if charges for duplication of records is acceptable:

NDCC Ch. 23-12-14. Copies of medical records and medical bills.

1. As used in this section, "health care provider" means a licensed individual or licensed facility providing health care services. Upon the request of a health care provider's patient or any person authorized by a patient, the provider shall provide a free copy of a patient's health care records to a health care provider designated by the patient or the person authorized by the patient if the records are requested for the purpose of transferring that patient's health care to another health care provider for the continuation of treatment.

2. Except as provided in subsection 1, upon the request for medical records or medical bills with the signed authorization of the patient, the health care provider shall provide medical records and any associated medical bills either in paper or facsimile format at a charge of no more than twenty dollars for the first twenty-five pages and seventy-five cents per page after twenty-five pages or in an electronic, digital, or other computerized format at a charge of thirty dollars for the first twenty-five pages and twenty-five cents per page after twenty-five pages. This charge includes any administration fee, retrieval fee, and postage expense.

Additional state laws found outside dental statute outline circumstances that require reporting by those licensed to practice dentistry in our state. Please become familiar with these additional requirements:

NDCC Ch. 50-25.2-03. Reporting of abuse or neglect - Method of reporting.

1. Any medical or mental health professional or personnel, law enforcement officer, firefighter, member of the clergy, or caregiver having knowledge that a vulnerable adult has been subjected to abuse or neglect, or who observes a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect, shall report the information to the department or the department's designee or to an appropriate law enforcement agency if the knowledge is derived from information received by that person in that person's official or professional capacity. A member of the clergy, however, is not required to report the information if the knowledge is derived from information received in the capacity of spiritual adviser. For purposes of this subsection, "medical or mental health professional or personnel" means a professional or personnel providing health care or services to a vulnerable adult, on a full-time or part-time basis, on an individual basis or at the request of a caregiver, and includes a physician, nurse, medical examiner, coroner, dentist, dental hygienist, optometrist, pharmacist, chiropractor, podiatrist, physical therapist, occupational therapist, addiction counselor, counselor, marriage and family therapist, social worker, mental health professional, emergency medical services personnel, hospital personnel, nursing home personnel, congregate care personnel, or any other person providing medical and mental health services to a vulnerable adult.

50-25.1-03. Persons required and permitted to report - To whom reported.

1. Any physician, nurse, dentist, optometrist, dental hygienist, medical examiner or coroner, or any other medical or mental health professional, religious practitioner of the healing arts, schoolteacher or administrator, school counselor, addiction counselor, social worker, child care worker, foster parent, police or law enforcement officer, juvenile court personnel, probation officer, division of juvenile services employee, or member of the clergy having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect, shall report the circumstances to the department if the knowledge or suspicion is derived from information received by that person in that person's official or professional capacity. A member of the clergy, however, is not required to report such circumstances if the knowledge or suspicion is derived from information received in the capacity of spiritual adviser.

Statutory authority: NDCC, 10-31-13. Professional organizations - Annual reports - Renewal.

A professional corporation must file an annual report with the Secretary of State:

If a domestic corporation (incorporated according to North Dakota laws) on or before August 1st of each year. The first annual report is due in the year following that in which the Secretary of State initially chartered the corporation. If a foreign corporation (incorporated according to laws of another jurisdiction other than North Dakota) on or before May 15th of each year. The first annual report is due in the year following that in which the corporation was initially authorized to transact business by the Secretary of State. On the form prescribed by the Secretary of State. If the corporation did not receive an annual report form, the form can be obtained from this website, or contact the Secretary of State's office for another form. A copy of the report filed with the Secretary of State must also be supplied to the regulatory board that issued the professional licenses to the officers and shareholders who practice in North Dakota

Announcing: NEW Online Way to Report Abuse or Neglect of Vulnerable Adults in North Dakota

If you are a mandated reporter, which includes those professionals required by law to report suspected abuse, neglect, or exploitation of a vulnerable adult, you can now report your concerns online using a NEW confidential website administered by the N.D. Department of Human Services at https://fw2.harmonyis.net/NDLiveIntake/.

The reporting system is for non-urgent concerns. Anyone who believes a vulnerable adult (person with a substantial mental or functional disability) is at imminent risk of serious injury or death should call 911.

Reports are reviewed and responded to by Vulnerable Adult Protective Services professionals who follow-up and may gather more information to completely assess the situation, and who make referrals for appropriate supportive services to help reduce or eliminate any risk or harm to vulnerable adults.

Those who choose to report possible abuse or neglect of vulnerable adults by phone or other means can find contact information and more details on the department's website at: http://www.nd.gov/dhs/services/adultsaging/reporting.html.

Michelle Gayette, MMGT/LAC

Elder Rights Program Administrator
Aging Services Division
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Bismarck, ND 58501
(701)328-4613
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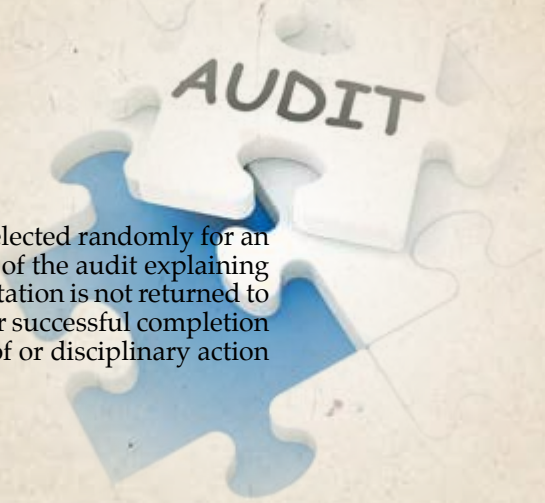
Continuing Education Audit



Cathy Cornell, RDH, CE Committee Chair

A percentage of dentists, dental hygienists and dental assistants are selected randomly for an audit of continuing education. The dental professional will receive notice of the audit explaining what documents will be needed to complete the audit. The audit documentation is not returned to the licensee, so please send copies. Licensees are notified in writing of their successful completion of the audit. Failure to comply with the audit is grounds for nonrenewal of or disciplinary action against the license.

Save Time, Renew Online!

The Board is committed to enhancing efficiency and expediency of the renewal process. Assistant's licenses expire on December 31 of every even-numbered year. Dentist's and hygienist's licenses expire on December 31 of every odd-numbered year.

You must have your continuing education recorded by the Board office before you can renew online. Continuing education reporting forms can be sent to the Board at any time. Renewal notices are mailed to licensees in the October preceding the expiration date. To renew, you will need to login to your file at the Board's website, www.nddentalboard.org, and follow the instructions. If you do not have the required continuing education and Infection Control and CPR were not updated within the last 2 years, you will need to mail or fax the completed CE forms to the Board office before renewing online. You may also check your continuing education at the Board's website at any time.

#FocusOn Ethics #Ethics4You #KnowTheCode

The NDBODE recognizes the importance of incorporating ethical principles in the delivery of dental care. In this newsletter issue, the Board has invited Dr. Dennis Sommers, a member of the AAO's Council on Membership, Ethics and Judicial Concerns, to submit an article depicting a hypothetical ethical dilemma.

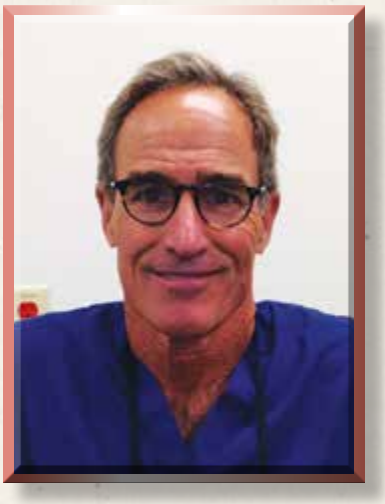
Thanks to North Dakota's strong economy your brother and his new wife, Jennifer, have been transferred back to North Dakota from out of state. You are looking forward to spending time together and becoming better acquainted with your sister-in-law. Once settled, Jennifer explains to you over coffee that she has noticed some of her teeth have moved recently making her bite feel different. The next week she visits your office where you make a panoramic x-ray revealing an eight-millimeter radiopaque lesion located between the roots of teeth numbers four and five. Oral examination confirms the vitality of the bicuspids and that Jennifer's occlusion is affected.

You refer Jennifer to the oral surgeon with whom you have worked successfully regarding unusual pathologic findings. But, Jennifer later informs you that the surgeon does not accept her insurance from Michigan that remains in affect. Jennifer explains further that she shared the x-ray you printed for her with her former dentist in Kalamazoo who does take her insurance and who has promised to remove her wisdom teeth and biopsy the newly discovered lesion simultaneously. Although the removal of third molars in Michigan rather than closer to their new home might not be what you think is best, you recognize that the principle of autonomy tells you Jennifer should make her own decision with regard to selecting who and where wisdom teeth will be removed. The biopsy is another story. In your opinion, this is no "snip, clip and ship" biopsy and would, therefore be best managed in the office of an oral surgeon.

The ADA's Principles of Ethics and Code of Professional Conduct states in Principle 2.B that *"Dentists shall be obliged to seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those who have special skills, knowledge and experience."* Not knowing what skills or knowledge the dentist in Kalamazoo has makes it difficult to know whether he/she might be on thin ice with regard to any ethical dilemma in performing the biopsy. It would seem prudent from your position to inform your sister-in-law of your feelings as to who probably has the best skill and knowledge to investigate the questionable finding on the x-ray. This would enable you to fulfill *your own* ethical obligation with regard to the principle of non-maleficence. If, however, Jennifer chooses to see the general practitioner in Michigan for the biopsy despite your recommendation that an oral surgeon be chosen for this work, Jennifer's right to autonomy is maintained while the ethical burden related to non-maleficence shifts to the general practitioner who has proposed to do the biopsy along with third molar removal to determine if referral is in the patient's best interest.

It is unfortunate that our patients, including those in our own families, often have misconceptions. They tend to equate services provided by any licensed practitioner in the same way one equates purchase of flat-screen televisions from Sears, Best Buy or Wal-Mart. Obviously, dental services are not like commodities. In some cases, the skill, knowledge and experience of the provider can vary significantly, and therefore so can the outcome. In addition, patients may mistakenly decide that their selection of a provider should always be determined by the provider's acceptance or non-acceptance of their insurance plan - regardless of their specialized needs and in spite of differences in the qualifications of providers. This dilemma can only be solved by education of the patient, which in this case, you might have the opportunity to do.

Is Your Practice Based On Scientific Evidence Or Treatment To Meet Production Goals?



What kind of dental practice do you have? An evidence based practice with research backed conservative procedures, a production based practice with daily financial goals, or a faith-based practice (hear it, see it, believe it, buy it). Most practices are an amalgamation of the three. The ADA defines evidence-based dentistry as; *systematic assessments of clinically relevant scientific evidence relating to the patients oral and medical condition and history, together with the dentists clinical expertise and the patients treatment needs and preferences.* WOW. Do you know the particle size and shrinkage of your composite? Our foundation of dental expertise comes from our formal dental education. Dental schools are responsible to teach procedures and materials based on the research. How many randomized, controlled, double-blind studies do you suppose were completed on G.V. Black's tooth preparations in 1875? Yes, there is still some faith based dentistry taught in formal education. But, a fair amount of "evidence" is assumed as a basis for information we receive from dental suppliers, dental material and equipment salesmen, weekend seminars, and throw-away journals. After dental school our best venue for research based education is our peer-reviewed journals and reputable educators.

I just returned from the Academy of Pediatric Dentistry Comprehensive Review course. Three days of intense education designed for residents getting ready to take their boards and old dentists like me who need to refresh and update their knowledge. One of the speakers, Dr. Andrew Sonis (an excellent speaker), a dual trained pediatric dentist and orthodontist began his growth and development lecture with a short talk about evidence based dentistry. Dr. Sonis is an academician at Harvard and in private practice. He pointed out the faults of multiple studies from out "best" journals. A significant review of the dental literature was recently completed. A "Survey of Cochrane Systematic Reviews" in oral health conducted 120 reviews of common dental procedures. Conclusion: "On the basis of CSRs, the overall quality of evidence can be regarded as low or nonexistent for most of the dental procedures assessed. This was a review of our best literature and indicates that most of the research didn't reach the hierarchy of evidence necessary. The studies are still valid but randomized controlled double blind studies are a benchmark that is rarely achieved. We know about cariology, fluorides, bacteria etc. What we want to know is what is the best composite? Hence, we all practice some faith-based dentistry because it works.

I fear blatant production based dentistry will tarnish the integrity of our profession. Please let me share some of my experiences. My first exposure came when I arrived as a new dentist and an experienced practitioner offered me a tour of his modern office that made my 800 sq. ft. place look bleak at best. I will admit to envy. In the staff lounge there was a significant number on the bulletin board. I asked what the number meant and he boasted that it was the production goal for the day. He continued telling me about staff incentives for selling certain procedures. I left his office confused but I knew I wanted to be a health professional and not a salesman. Recently, my assistant's husband (a victim of his own dental neglect) went in for a long overdue dental exam. (A bonus of being a pediatric dentist is that we generally don't do staff dentistry). He wasn't having pain but knew he needed some fillings. His treatment plan was discussed with him by an office employee (not the dentist) and he learned he needed 11 crowns and five root canals. That seemed interesting to my young partners so they played the treatment plan game with this man and his records and could not invent near that much treatment. We suggested a second opinion.

Nurses and physicians always pick my brain when I am working in the hospital. Most questions are about excessive treatment or weird things like antibacterial trays for gum disease or why I don't use a laser. Other signs of production dentistry I see are panorexes on three-year olds, fluoride for all kids regardless of caries risk, removing healthy amalgams to prevent systemic issues (my sister-in-law in Colorado has been sold and is convinced), crowning teeth that just need a restoration (ask a periodontist about margins).

Do we need motivation to avoid making treatment decisions rendered solely to drive production while also practicing only evidence based dentistry? Can't we just do as we please? Try the fact that each of us licensed in North Dakota has agreed to abide by the American Dental Association's Code of Ethics, whether or not we are members of the organization. Our Code of Ethics Principle 5.D.2. says in part:

"Dentists who, in the regular conduct of their practices, engage in or employ auxiliaries in the marketing or sale of products of procedures to their patients must take care not to exploit the trust inherent in the dentist-patient relationship for their own financial gain. Dentists should not induce their patients to purchase products or undergo procedures by misrepresenting the product's value, the necessity of the procedure or the dentist's professional expertise in recommending the product or procedure.

In the case of a health-related product, it is not enough for the dentist to rely on the manufacturer's or distributor's representations about the product's safety and efficacy. The dentist has an independent obligation to inquire into the truth and accuracy of such claims and verify that they are founded on accepted scientific knowledge or research….

How do we maintain not only our licenses to practice, but also the integrity that dentistry and its professionals have worked so hard to develop through the years? I suggest we get rid of production goals and management consultants and take the best possible care of our patients using sound conservative treatment backed by science. Our rewards will be abundant and our profession respected.

Guest Editorial submitted by Mike Goebel, DDS, Bismarck

North Dakota State Board of Dental Examiners

P.O. Box 7246
Bismarck, ND 58507-7246

Next Formal Meeting of the NDSBDE

8:00 Am, January 10, 2015
Hilton Garden Inn Grand Forks-UND
4301 James Ray Drive, Grand Forks, ND 58203
Ph: 701.775.6000

Name And/Or Address Change

Pursuant to the North Dakota Century Code, licensed and registered dentists, hygienists, and registered dental assistants shall notify the Executive Director of the Board within thirty days of a new address. A dentist must provide a new business address. A registered dental hygienist or a registered dental assistant is required to provide a new mailing address as well. Failure to provide this information to the Board may result in loss of registration of license or penalty. You can notify the Board using the following form. The form can be mailed to: NDSBDE, P.O. Box 7246, Bismarck, ND 58507-7246 or transmitted via facsimile to (701) 224-9824.

Name (last, first, middle): _____

Former Name (if applicable): _____

Old Address: Street _____

City / State / Zip _____

New Address (if applicable): _____

City / State / Zip _____

License Number _____ Daytime Phone Number _____

Signature _____ Effective Date _____

The change of address is for my:

❒ Home Address ❒ Office Address ❒ Mailing Address ❒ Satellite Address