



President's Message

Leo DeRosier, D. D. S.



I am honored to serve as President of the Board of Dental Examiners of Alabama. As I approach the end of my five-year term I can truly say that I am proud to be a dentist in Alabama. I say, "Thank you" to the hard working and dedicated members of our profession whose leadership, past and present, has made dentistry an honored profession.

A spirit of cooperation between representatives of all the state dental organizations led to significant changes to our Practice Act. The BDEA can now recognize regional board exams as proof of clinical competency in applications for licensure. UAB dental students can now take licensure exams before graduation in a curriculum integrated format. In lieu of an automatic disciplinary action, there is now a provision to the Act that allows for an administrative fine, without discipline, for minor licensure renewal violations. There is now an allowance to a spouse/executor that would allow ownership/management of a dental practice in the event of the death of a dentist for one year. This would facilitate a practice transition or sale while the practice is still active.

Keith Warren, our Executive Director, has been instrumental in helping our Board become compliant with State of Alabama administrative procedures. The Board is working well with our new in-house attorney, Dr. Donna Dixon. Our dedicated staff is working very diligently to implement our new internal administrative changes. I feel the Board's new protocol for handling complaints is a significant improvement. The new system which creates a "Complaint Review Team" places a Board member responsible for each complaint and is a more efficient process. The Board knows it is our responsibility that both the citizens we are sworn to protect and our licensees are treated with courtesy and respect, and that due process is received by all.

Our Board is acutely aware of the significant changes and challenges that not only affect Dentistry but our entire health care system. Our Board is at the forefront of national issues and understands it will take a unified effort to ensure that we as dentists maintain the ability to regulate our profession in the best interests of the Citizens of Alabama. To quote Charles Darwin: "It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change."

Being on the Board does take a lot of time. This is time spent away from patients, managing a practice, and from family and friends. I want to thank each and every member of the Board for his or her dedication and untiring efforts on behalf of the Board. The same can be said of the dedicated leaders of our State dental association who work so hard for our profession. The Reverend Jesse Jackson said: "Leadership has a harder job to do than just choose sides. It must bring sides together." I hope and pray that the dentists in Alabama follow the path of our forefathers and continue forward with continued harmony and cooperation.

STAFF

Keith E. Warren
Executive Director

Donna L. Dixon, D.M.D., M.A., J.D.
General Counsel

Michael C. Garver, D.M.D.
Director AL Dental Professionals' Wellness Committee

Stan McAdams
Investigations

Hilda Johnson, R.D.H.
ADHP

Sonya Lankford
Finance

Dennis Hodtwalker
Investigations

Linda Savarese
Administrative Assistant

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S. Michael Mahan, Jr., D.M.D.
J. David Northcutt, III, D.M.D.
Hunter V. Pope, D.M.D.
Bobby R. Wells, D.M.D.

CONTACT INFORMATION
Board of Dental Examiners of AL
5346 Stadium Trace Pkwy., Ste. 112
Hoover, AL 35244

PH. 205-985-7267
FAX 205-985-0674

Email bdeal@dentalboard.org
Website: www.dentalboard.org



Director's Corner

Keith E. Warren, Executive Director



As you probably know by now, the Board Office has been in transition for over a year: new legal counsel, changes in administrative staff, consultants and now an Executive Director. I have seen many great ideas, procedures, work flows and growth not only with the administrative staff but with the Board members as well. With all of these changes, it is apparent that the new focus is to deal with what is handed to you on a daily basis, project for the future and not dwell in the past. I have thoroughly enjoyed getting to know all of the Board members as well as the staff and am committed to assist in the path that lies ahead for this organization. I was originally hired as a Consultant to the Board to facilitate changes, with assistance from the Administrative Staff, regarding findings from the previous Sunset Audits in order to eliminate continuous findings. Beyond the findings from the Sunset Audits, I was to also review the internal operations of the Board and provide guidance as to the guidelines and requirements set forth for the operations of state agencies, boards and commissions.

Shortly after joining the Board as a consultant, the Internal Restructuring Committee approached me to act as the Interim Executive Director of the Board to provide management and supervision of the Board Office as well as represent the Board before the Sunset Committee meeting scheduled for late August 2009. I have now been the Interim Executive Director since that date and hope to continue in this capacity assisting in the growth and continuing changes to better assist the Dental Community as well as to protect the citizens of the State of Alabama.

We are striving to structure the web site to be a very user friendly tool and are currently working to create a search engine for licensees of the Board. There is a large amount of information available to everyone on the web site as well as meeting notices for the Board and Committee meetings. I plan to post the agenda as well as the financial statements for the upcoming meetings under "Meetings Notices" as well. We are also open to ideas and comments pertaining

to the web site so if you have a suggestion you would like to send, please send it to bdeal@dentalboard.org or directly to me at keith@dentalboard.org.

I am continuing my efforts towards enabling the license renewal and board member election process to be available on our web site. This is a very tedious task and a project that will take some time to complete. With that said, the renewal and election process will be handled the same way it has been in the past. You will receive your forms this year in a timely manner as well as all the coordinating documents correctly. This process will be handled internally to imminently decrease the margin of errors.

It is indeed a pleasure and a privilege to work with this Board and the Dental Community as a whole. I would like to thank everyone for the kind words expressed to me since I began this journey. Please do not hesitate to contact me if I can ever be of any assistance to you. Again, thank you, and I look forward to working with you in the future.

700 BC – The First Bridges

The first society to use dental bridges and appliances were the Etruscans, starting around 700 BC. The image below shows a similar dental bridge created by the Egyptians that uses gold wires to hold the teeth together. This is also the first incarnation of a cosmetic dental practice that would come to be known as "bling".



First Impressions of a New Dental Board Member

Hunter V. Pope, D.M.D.

Although I had attended Board meetings as a spectator prior to my election, I still did not have a good feeling as to how the Board operated. Now that I have served for half a year (with still a lot to learn) I would like to relate my first impressions of the Board as a new member.

The Board meets for two days, usually the first Thursday and Friday of each month. The Dental Board’s office is located in the Hoover suburb of Birmingham near the Hoover Met baseball field. The meeting room can be a little intimidating at first because it appears like a small court room with 7 judges and 1 court reporter. There are also a couple of tables and 10 or so chairs for spectators and Board personnel. The atmosphere is a cross between serious business and light banter. Do all the Board members agree on every issue? Of course not. Frequently the vote is unanimous, but sometimes it’s 4 to 2 or a 5 to 1 vote. In my opinion, the best background a new Board member could have would be an undergraduate law degree with an emphasis in administrative law.

I am impressed by the due process and fairness that all dentists are given if there is a complaint against them. I am also impressed with the testing for licensure for the senior dental students at UAB School of Dentistry. The dental exam is administered by the Council of Interstate Testing Agencies, Inc. (CITA). When the licensees pass this exam and graduate they are eligible to practice in 18 states and Puerto Rico instead of just in Alabama. Many of the senior dental students took this exam this past February for licensure even though they had yet to graduate. Their licenses will not be granted until they have diplomas in hand. As a CITA Examiner, I am required by CITA to take classes on the Internet as well as on-site calibration testing in order to be certified. It reminds me of being back in dental school! I won’t go into my flashbacks.

There have been many positive changes with the Board since I graduated in 1976. If you have any questions, concerns, or comments, contact the Board office or any Board member by postal mail, telephone, or e-mail.

<u>Organizations</u>	<u>UAB</u>	<u>General Information</u>
<u>Alabama Dental Association</u> 1-800-489-2532 334-265-1684	<u>Dental School</u> 205-934-3000	<u>Center for Disease Control</u> 404-639-3311 www.cdc.gov
<u>Alabama Dental Society</u> 205-620-9662	<u>Continuing Education</u> 205-934-3753	<u>Drug Enforcement Admin.</u> 1800-882-9539 www.dea.gov
<u>American Dental Association</u> 1-800-621-8099	<u>Alumni Office</u> 205-934-3575	<u>Safe State</u> 1-800-452-5928
	<u>Student Affairs</u> 205-934-5470	

NOTES FROM THE WELLNESS COMMITTEE

Michael C. Garver, D.M.D.

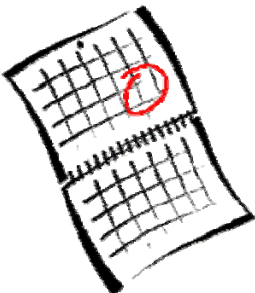
The Alabama Dental Professionals' Wellness Committee has been working to help dental health professionals who suffer from various impairments for well over thirty years. Its goal is to identify impaired dentists and dental hygienists, assist them in getting a proper diagnosis and treatment regimen and monitor their recovery. We also advocate for them concerning any infractions of the Alabama Dental Practice Act.

The Board of Dental Examiners of Alabama has committed itself to protecting the public while being sensitive to the needs of the dentists and dental hygienists providing that public care. It has extended this mandate to cover the Wellness Committee. It has recognized that the disease of addiction in itself does not constitute gross negligence in the practice of dentistry. Additionally, it has thrown its support behind the committee's newly formed Deferral Agreement Program. This program allows those professionals who recognize that they have a problem and who ask for help by self reporting to have their anonymity protected by a deferral agreement. This agreement precludes any reporting to other agencies and ensures that while in recovery the professional is treated with respect and care. Additionally, there is no Board hearing necessary and administrative fees have been lowered to aid the professional in a financially stressful time. The results of this Deferral Agreement program have been very successful. Four out of the last five impaired dental health professionals have self reported to the Committee. We thank the Board for implementing this important change.

The Wellness Committee is made up of about a dozen volunteers who mentor professionals re-entering practice. Most of these volunteers are "graduates" of the program. We appreciate these individuals beyond words and thank them for their selfless attitude in helping their peers.

We urge you to help your colleagues by getting them to self report to the Committee. A welcoming hand will be available to help them. They can be assured that both the Board and its Wellness Committee have their best interest at heart.

The HOTLINE NUMBER is 800-818-3880. Please help us and your friends by using it.



Upcoming Events

Public Forum

Topics:

Access to Care

Corporate Dental Clinics

Moving the ADHP into a Separate Foundation

Miscellaneous

Saturday, July 10, 2010

9:00 a.m. - 12:00 p.m.

Doubletree Hotel Downtown Birmingham

Judicial, Legislative, and Executive Powers of the Dental Board

J. David Northcutt, III, D.M.D.

The question has been asked, "Why is the Board of Dental Examiners, which is a panel of judges, proposing its own legislation without going through the proper ALDA channels?"

This is an understandable question since it appears to be a deviation from the pattern followed for the last 30 years. The best place to start is to try to better understand the different aspects of the Dental Board.

Our United States government is based on the principles of separation of powers between the judicial branch, the legislative branch, and the executive branch. Many understand this principal but don't realize that all three of these powers are granted to regulatory boards. Several believe that the Dental Board's function is strictly that of judges, which is an incomplete picture. The law provides not only judicial powers to our Board, but legislative and executive powers as well, all within one governing body. In order to not violate the Constitutional separation of powers mandate, all regulatory agencies have a narrowly defined scope of authority and operating guidelines. They are supposed to be strictly limited to only those powers specifically defined in the defining charter, such as a practice act. For the Dental Board, the Dental Practice Act spells out these powers.

Most understand the judicial function of the Board where complaints are filed, investigations/deliberations ensue, hearings (if needed) are held, and rulings issued.

The Legislative functions are less well known. It is important to realize that the past and current Boards have written the portion of the law which is in every law office across the state which is known as Board

Rule. The Board serves at the pleasure of the Legislature with the clear mandate of protecting the public. As such, we are allowed to stand before the State Legislature and make requests as to changes in the Act that will allow the Board to better fulfill its role in the protection of the public and as representatives of the Board's licensees. The Board licenses approximately 2,400 dentists and approximately 4,000 hygienists.

In theory, the role of the Alabama Dental Association (ALDA) is to represent the interest of the dentists of the state that belong to that particular origination. There are about 1,225 full-paying members in ALDA.

This year the Board proposed Bill number USB 385 which was signed by the governor and became law. This trend of the Dental Board proposing its own legislation should continue in 2011. The legislative proposals for next year will be very substantial compared to this year's bill which was mainly focused on technical corrections. (For more details see the articles titled "Access to Care," "Corporate Dental Clinics," and "Moving the ADHP into the ADHP-EDA Foundation" in this newsletter.) The Board is an acceptable vessel for dental legislation to be brought forth since it represents every dentist of the state and not just the dentists that chose to belong to ALDA or any other dental group.

As to how these new legislative efforts will mesh with the Alabama Dental Association's legislative attempts will largely depend on the direction ALDA takes under the leadership of a new Executive Director.

The final branch of power held by the Dental Board

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is executive in nature. This authority is most evident when the Board revokes a practitioner's license and/or goes so far as to physically close an office. Fortunately, these actions are rare but are certainly within the Board's scope of power.

Hopefully, now that both the Board and ALDA are back in the hands of dentists, they can continue to restructure in such a way that will allow a healthier relationship between the two entities moving forward. Should this occur, it will allow each the ability to better represent its constituents or members as well as help each accomplish its stated goals.

Complaint Processing Procedures Past and Present

J. David Northcutt, III, D.M.D.

Very few understand how complaints are currently being managed by the Dental Board much less how they have been handled traditionally. It is the intent of this article to explain the current process that is being used and compare it to past protocol.

Traditionally, a patient or fellow practitioner would file a complaint to the Board against the offending practitioner and the complaint would be sent to all current Board members and to the Board's attorney. The complaint did not have to be notarized.

At this point, the attorney would take the lead in the investigation and correspond directly with the offending practitioner requesting necessary information and compiling this information to be presented to the Board. He also directed the actions of the investigators to help in the collection of evidence if the case warranted. At each monthly Board meeting this information would be presented to the Board. The Board would have the ultimate say in deciding to proceed to a hearing or dismiss the charges because there was no basis to sustain.

In all these cases, no names were concealed and often times the Board members would know the

offending dentist or the person filling a complaint (if filed by a fellow dentist). It was not uncommon for Board members to recuse themselves due to what they thought might be conceived as a conflict of interest.

Should the case have possible merit and the Board vote to pursue, a notice for a hearing would be sent to the offending practitioner. At that time the dentist or hygienist would often times contact the Board and make an attempt to settle the case. This was usually accomplished through the offending dentist/hygienist's pleading guilty in a consent order and agreeing to abide by the terms of that order. The Board's attorney was the one who negotiated and set the terms for the consent order. Once the offending dentist/hygienist agreed, the final arrangement would be presented to the Board for approval.

This arrangement did not require Board members to invest a lot of time or effort in the investigation aspects of each case but allowed them to still retain the ultimate say as to the outcome of each case.

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In 2009 in the midst of a lot of disharmony associated with the Dental Board, the current Board restructured in an effort to address many of the complaints, improve due process for our accused dentists, and improve our efforts towards protection of the public.

To help in this effort we called on Assistant Attorney General, Matt Bledsoe. He has a firm grasp of Administrative Law and had helped restructure several Montgomery based regulatory boards.

Also, Mr. Keith Warren, who is currently serving as Executive Director for the Board, helped in this effort. He continues to help direct multiple boards in Montgomery as well.

The first substantial change was to not only replace the Board's current attorney but also to replace the fee-for-service payment arrangement by which he was paid.

The Board has hired a new, full-time Attorney, Dr. Donna Dixon, who has a set salary that does not vary based on case load.

Now, complaints have to be notarized before they can be accepted. Also, the vast majority of cases are handled without Board members knowing the proper names of the involved parties. The Board staff replaces the proper names in the complaint with generic names: Dr. A, Dr. B, patient A, patient B, etc. This is not possible with extremely large cases involving

multiple complaints and other agencies such as occur with Medicaid fraud cases.

The biggest change by the Board involves the creation of the Case Review Team (CRT). This team is composed of a CRT Board member who serves as the leader of the team. Also on each team is an investigator, one of the Board secretaries, and the Board's legal counsel.

Now, when a complaint comes in, it is assigned to a CRT Board member who controls the pace of the investigation. All correspondence to licensees being investigated should come from this Board member and not an attorney. Once the investigation is complete, a summary is presented to the Board at large by the CRT leader and a vote is required to proceed or dismiss the case. The team leader does not vote on cases he/she presents. The hygiene Board member only leads and votes on cases involving hygienists.

Should the offending dentist/hygienist request a settlement, the team leader dictates the acceptable terms for this to occur. Only at the signing of the consent order or the setting of a hearing date do the Board members usually learn the identities of the involved parties.

The creation and functioning of these teams require a lot more work from each Board member since he/she is now involved in all aspects of an investigation. Even so, the dividends are great in that due process is greatly improved and the public is being better served with much faster case progression.

ACCESS TO CARE

J. David Northcutt, III, D.M.D.

There are three major topics that the Board expects to address legislatively in 2011 as well as some minor issues. Because of the size of the major topics, they will be discussed in the following articles: "Access to Care," "Corporate Dental Clinics," and "Moving the ADHP into the ADHP-EDA Foundation."

In 2009 the Board formed an Access to Care Committee which expanded its name early in 2010 to the Access to Care/Expanded Duties Auxiliaries Committee. The purpose was to study the Access to Care national issue and help the Board and the dentists/hygienists it represents be proactive with this topic and not merely react to something coming out of the State Legislature.

The midlevel provider model, up until recently, was a distant storm playing out mainly in Minnesota and Alaska. Now with the passage of the Health Care Reform bill, it will become an unavoidable issue. The Health Care Reform bill not only made provisions for midlevel providers but it is one of the most liberal proposals to date based on the tasks that it allows these "therapists" to undertake.

The model our Board is considering is to fully expand our existing dental auxiliaries while maintaining mandatory "in house" dentist supervision. This would be done by creating an Expanded Duty Assistant Program (EDAP) which would be similar to the Alabama Dental Hygiene Program (ADHP.) This new program would require approximately the same amount of time as the ADHP but with a restorative emphasis. In order to be accepted into the program the student must have a sponsoring dentist and must have completed the ADHP program or comparable program as a pre-requisite. Upon graduation the EDAs would be able to restore preparations with amalgam or composite that were prepared by their supervising dentist.

A final check would be required by the supervising dentist before the patient could be dismissed. As always, the dentist will continue to be ultimately responsible for the patients' welfare. As to what other procedures the Board may propose for EDA's, this is yet to be decided.

Also being considered is an "injection certification course" that our current ADHP graduates could take possibly from UAB with a 3-4 day duration that would allow them to give injections.

Expanding our existing auxiliaries is one piece in improving the access to care issue. Should an acceptable arrangement be found concerning 501(c)(3)'s, that could possibly be another. (See Non-Profit Dental Clinics also in this newsletter)

The Access to Care/Expanded Duties Auxiliaries Committee is currently hosting the different specialty associations and requesting input from each of these organizations. It is also working with representatives from ALDA and the AGD. The Committee will answer "at large" questions from licensees at a public forum to be held Saturday, July 10, 2010 from 9:00 a.m. until 1:00 p.m. at the Doubletree Hotel in Downtown Birmingham.

By pursuing these actions and possible others, we hope to avoid stand-alone midlevel providers in our State. Hopefully, we can improve access to care without jeopardizing an acceptable level of care that our State has provided our patients for years.

CORPORATE DENTAL CLINICS

Thomas T. Willis, Jr., D.M.D.

Dental corporations that are owned by an Alabama licensed dentist have been in existence for several years and are completely regulated by the Alabama Dental Practice Act (DPA). The recent proliferation of corporate 501(c)(3) dental clinics across the state has the vast majority of dentists concerned because of the non-regulatory language of the DPA. The concern is being heightened with the media coverage of the disharmony between UAB and Sarrell Dental. These battles that are being waged in the court of public opinion by Sarrell Dental are not good for dentistry as a whole in our state. The Board is trying to get all parties to cease and desist and reach a compromise.

There was a time that the dental 501(c)(3) corporate entities should have been regulated by legislative act. That did not happen so now the Board is left trying to reach an acceptable solution and legislative language added to the DPA. The Board has formed a 501(c)(3) committee to evaluate this issue and see what resolutions are available.

These 501(c)(3) entities claim they have a legal right to exist because of the wording in the Dental Practice Act written under the Mobile Dental Clinics section. As most know, they are all fixed based clinics and not mobile in nature. The Dental Practice Act states that only a dentist can own a dental clinic and dental equipment and employ a dental hygienist.

One positive advantage of the 501(c)(3) clinics is the fact that they are seeing a segment of the population that was largely not being treated in several of the various locations. As a result, they are very popular with many elected officials in these areas and with the underserved residents. Another advantage is that some of these entities are very well connected in the state legislature in Montgomery. This fact will influence the outcome of this current conflict.

Most 501(c)(3)'s realize that these entities cannot continue unregulated as they currently are. There will have to be a legislative compromise which allows these entities to exist but to be regulated by the Board. This could possibly be accomplished by the Board's granting an operations certificate. Should they fail to comply with all aspects of the Dental Practice Act then their operations certificate could be revoked. As it stands now, the Board has jurisdiction over the individual dentists working for the 501(c)(3)'s but not the clinic as a whole. Since the executive directors and trustees might make decisions that affect patient care, they also may need to fall under the Board's jurisdiction. Then, if a 501(c)(3) should fail to uphold standard sterilization practices or any other provision of the DPA the entire clinic would be held responsible and could have its

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certificate of operation revoked and not just the practicing dentists and or hygienists disciplined.

When this operations certificate is developed there will be several aspects to be considered. One is the development of different classes of 501(c)(3)'s. One class could be Medicaid providers only with paid dentists and staff. Another may be one where the services are totally free like many churches are doing. In this class all dentists and staff would be on a volunteer basis. Lastly, there may be yet another class that allows a standard minimal service fee to be set such as \$35 per visit regardless of procedure. The patients would have to prove "in needs status" by providing a W-2 and falling below a certain income level. No model currently being considered will allow private insurance to be accepted by a non-profit dental clinic.

The Board hopes to open a dialogue with these concerned entities and hopefully arrive at an acceptable settlement. Once the final decisions have been made and voted on by the Board then the appropriate bill will have to be presented next year to the legislature for changes of the Dental Practice Act.

The 501(c)(3) committee meets at 4:30 PM on Thursdays before the monthly scheduled Board meeting. This is an open meeting. Any recommendations to the committee are solicited and welcomed from all parties involved.



Did You Know?

- ⇒ 32% of Americans cite bad breath as the least attractive trait of their co-workers.
- ⇒ 38.5 is the total of days an average American spends brushing teeth over a lifetime.
- ⇒ 73% of Americans would rather go grocery shopping than floss.
- ⇒ 60% of people don't know that a sore jaw, when combined with chest pain, can signal a heart attack-especially in women
- ⇒ A toothpick is the object that most often causes choking in Americans.
- ⇒ Every year, kids in North America spend close to half a billion dollars on chewing gum
- ⇒ Like fingerprints, everyone's tongue print is different

Moving the ADHP into the ADHP-EDA Foundation

S. Michael Mahan, Jr., D.M.D.

The Alabama Dental Hygiene Program (ADHP) was established sixty years ago by visionaries in the Alabama Dental community who understood and saw a need. Since that time thousands of competent clinicians have graduated and have practiced or are practicing as hygienists in dental offices across the state. Alabama has done more in the “Access to Hygiene Care” area than any other state through the implementation and use of the ADHP. The Board now feels the need to remove this program from the Board’s direct supervision and place it in an entity governed by the dental community. This will preserve and protect this program from those in the future who may not understand the importance of the ADHP and may seek to abolish it or move it under state government control.

In the past few months, the Board has decided to pursue moving the ADHP from the Board purview and into a separate foundation. The main reason this is being considered is because the ADHP now has to abide by state regulations and be subjected to state audits. This causes increases in expense and paperwork as a result. Also, if the Dental Board were to be “Sunsetted,” the ADHP would also be “Sunsetted” under the current arrangement.

In order to facilitate this move, a foundation has been created. This entity will be run by an executive director and a board of trustees. These trustees will be selected from the dental community as follows:

- ◇ A dentist currently seated on the Board of Dental Examiners of Alabama as selected by the Board of Dental Examiners;
- ◇ A dentist who previously served on the Board of Dental Examiners as selected by the Board of Dental Examiners;
- ◇ The current hygienist seated on the Board of Dental Examiners;
- ◇ Two dentists selected at large from the licensed dentists of Alabama;
- ◇ Two hygienists selected at large from the licensed hygienists of Alabama.

The foundation would serve not only to produce our ADHP graduates, but would help them to become licensed hygienists, serving directly under a licensed dentist. It could also serve as a vehicle to educate and develop Expanded Duty Assistants (EDA’s). See the “Access to Care” article from this newsletter for a better understanding of EDA’s.

It is important to continue the rich educational ADHP tradition established sixty years ago. We seek to continually raise the bar and expand the integrity and opportunities available from this wonderful program. The establishment of the ADHP as a foundation will allow the Dental Community to oversee and maintain this educational process that has benefited Alabamians for decades.

This is just one of the major undertakings our Board will pursue legislatively in 2011. Alabama dentists and hygienists can participate in an open question and answer session concerning this topic Saturday, July 10th from 9:00 a.m. until 1:00 p.m. at the Doubletree Hotel in Downtown Birmingham.

ADDRESS CORRECTION

Mail to: 5346 Stadium Trace Parkway, Suite 112, Hoover, AL 35244 ; Fax to 205-985-0674

Licensee Name: _____ Lic.# _____

Dentist _____ Dental Hygienist _____

New Home Address: _____

Phone _____ Fax _____

Cell _____ Email _____

Primary/Public ____ Yes ____ No

New Office Address: _____

Phone _____ Fax _____

Cell _____ Email _____

Primary/Public ____ Yes ____ No (only one address can be primary/public)

Delete all other office addresses on record ? ____ Yes ____ No

DH Employer Change: Direct Supervisor's name: _____

Delete all other supervisors on record ? ____ Yes ____ No ____ Add Effective date: _____

Name Change: (Copy of the legal document changing your name (e.g. marriage certificate, divorce decree, etc.) required

Change name to: _____

DIRECTORIES TO BE MAILED SOON

BOARD OF DENTAL EXAMINERS OF ALABAMA
5346 STADIUM TRACE PARKWAY, Suite 112
Hoover, Alabama 35244

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