



**Dentists and Dental Hygienists
Licensed in the State of Alabama**

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Alabama Dental Practice Act

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**Rules of the Board of
Dental Examiners of Alabama**

**Published by
BOARD OF DENTAL EXAMINERS OF
ALABAMA**

January 2007

The information contained in this directory was taken from the Board's master file. Any corrections or errors should be presented in writing to the Board office at the following address:

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Information relative to any violation of the Alabama Dental Practice Act by anyone in the State of Alabama should be immediately reported to the Board.

No portion of this book may be printed or disseminated without the prior written approval of the Board of Dental Examiners of Alabama.

General Information

TOTAL REGISTRATIONS FOR 2007

Dentists.....2323
Hygienists.....3548

INSTATE REGISTRATIONS FOR 2007

Dentists.....1970
Hygienists.....3373

BOARD APPROVED DENTAL FACILITIES AND PROGRAMS

Atmore (SEARCH)
Calhoun County Dental Clinic
The Cerebral Palsy Center of Birmingham
Huntsville HEALS Clinic (SEARCH)
Huntsville Central North (SEARCH)
Jefferson County Dental Health Trailers
Jefferson County Health Department
Lowndes County Community Health Center
Maude Whatley Health Services, Inc. (SEARCH)
Mobile Franklin Health Care (SEARCH)
Mobile, Bayou La Batre (SEARCH)
Montgomery Primary (SEARCH)
Montgomery Lister Hill (SEARCH)
Quality of Life, Gadsden
Sparks Center
Talledega School for the Deaf and Blind
Tri County Health Services, Brewton (SEARCH)

Bessemer State Technical-Dental Assisting Program
Calhoun State Community College-Dental Assisting Program
Faulkner State Jr. College-Dental Assisting Program
Trenholm State Technical College-Dental Assisting Program
University of Alabama-School of Dentistry-Dental Assisting Program
Wallace State Community College-Dental Assisting Program
Wallace State Community College – Dental Hygiene Program

TEACHING PERMITS 2007

Ruth Aponte-Wesson T 303
Andrei Barasch T 337
Dexiz Cakir T 002
Ramakiran Chavali T 343
Chin Chuan Fu T 101
Donald Karaki T 334
Eric Lye T 345
Ali Obeidi T 003
Jose Paiva T 342
J.R. Patel T 319
Fiorella Potesta T 347
John Ruby T 328
Somsak Sittitavornwong T 341
Milner Snuggs T 316
Lina Solar T 300
Huw Thomas T336

SPECIAL TEACHING PERMITS-2007

James Broome ST 302
John Burgess ST 101
John Coke ST 317
Paul Eleazer ST 311
Nicolaas Geurs ST 330
Yung-Tsung Hsu ST 332
Philip Vassilopoulos ST 333
Keith E. Kinderknecht..... ST 334

INTRODUCTION

Code of Alabama (1975) Section 34-9-43(11) requires the Board to annually publish the provisions of the Alabama Dental Practice Act and Board Rules. The purpose and intent of this requirement is obvious - to ensure that all licensees have knowledge and are informed of the statutes and rules which govern their professional activities and license. The Board implores you to take the time to review and understand both the Act and Rules and to call the Board office if you have any questions. Many problems can be avoided if you ask first rather than act first. Remember, you are charged with knowledge of these requirements and ignorance of or not reading them is no excuse.

You are also encouraged to carefully read Board newsletters, website www.dentalboard.org, Alabama Dental Association News or other publications for any changes or proposed changes to the Act or Rules which may occur during the year. The Board has express statutory rule making authority and must follow the provisions of the Alabama Administrative Procedure Act whenever a rule is adopted, amended or rescinded. Before any of these actions can be taken, there must be publication of the Board's intended action in the Alabama Administrative News Monthly and a public hearing before the Board.

Your license is valuable. With the benefits of licensure there are also responsibilities and obligations. One of those is adhering to the requirements of the Alabama Dental Practice Act and Board Rules. The Board believes that disciplinary actions can be reduced if you seek guidance before acting. Relying upon forgiveness rather than permission is an unwise course of action when it involves your license.

You are encouraged to contact the Board if you have questions about any requirement. Your questions will be answered as promptly as possible.

Please remember that annual renewal of licenses or any required permits must be timely and there are penalties and disciplinary consequences for your failure to do so. Please also remember to timely renew your Federal Drug Enforcement Administration (DEA) registration. The expiration date is on the permit. The DEA also requires you to notify them of any address change.

It is YOUR responsibility to notify the Board of any address change. Please make sure individuals in your office who require licensure have timely renewed. The Board has a new software program in place which will identify individuals who may be working for you who require annual renewal but have failed to do so. This is easy to verify as every license upon timely renewal receives an annual registration certificate. Possession and posting of this certificate is the fail safe method of verification.

Please remember to comply with the mandatory continuing education requirements and to retain documentation evidencing your attendance so that if you are randomly audited, there will be no adverse consequences.

The Board is more than willing to review advertising for approval prior to its dissemination; however, please remember that the Board meets monthly. Please leave enough time for approval as it is unreasonable to assume that an answer can be provided within a matter of days, or to comply with a deadline without ample notice.

Notice

As in most years, the Board has been involved in adopting or amending Board Rules. While all are meaningful and while it is your responsibility to be aware of the provisions of the Act and Rules, the Board would like to direct your attention to some of the most important changes.

The administration of oral conscious sedation in your office now requires a permit and the qualification set forth in Code of Alabama, (1975) §34-9-80 et.seq and Board Rule 270-X-2.21. The administration of Oral Conscious Sedation without the required permit is a violation of the Alabama Dental Practice Act.

Board Rule 270-X- 3.04 has been amended to redefine full time employment of a dental assistant for the purpose of eligibility in the ADHP. Full time employment is now defined as twenty four hours per week

In the 2006 Directory, notice was given that certain rules had been adopted or amended, but not yet effective. The adoption or amendment of those rules all became effective during April of 2006. Although the adopted version was included in the 2006 directory you are again reminded that the

Rules adopted or amended were 270-X-2.11, 270-X- 2.19, 270-X-2.22, and 270-X-4.04.

Likewise the Board is again involved in the process of amending certain rules. Briefly, Board Rule 270-X-3.02 is being amended to delete the reference to replacement certificates, 270-X-3.10 is being amended to add as an allowable duty of dental hygienists only periodontal probing, and Rule 270-X-5.05 to allow, in conformity with the Alabama Administrative Procedures Act, for the Board to send by certified mail any final order only to a licensee's attorney.

You are encouraged to utilize the Board's website which can be found at www.dentalboard.org. The website will provide notice when the above reference rules become effective. The website also contains other valuable information to aid you in complying with provisions of the Alabama Dental Practice Act and Board Rules and as a resource.

In cooperation with the Alabama Dental Association the Board is also in the process of drafting legislation to amend certain provisions of the Alabama Dental Practice Act. If and when these amendments are adopted by the legislature they will be posted on the Board's website.

You are reminded that the legislature has created a Prescription Drug Monitoring Program which requires pharmacies to transmit to the Department of Public Health all prescriptions for any controlled substance. The legislation creating this monitoring system mandates that the Board assess a fee in the amount \$10.00 to all who receive a state controlled substances permit. In this regard, please remember in order to prescribe, maintain or administer controlled substances you must possess both a Federal DEA registration and a State Controlled Substances Permit.

The Department of Public Health recently held a meeting to discuss whether certain drugs should be considered controlled or reclassified. After discussion the Department of Public Health decided not to change Tramadol or Carisopodol from a Schedule IV to a Schedule III drug; however, there will be a recommendation from the committee established in connection with the operation of the Prescription Drug Monitoring databank to monitor the prescribing of those drugs. The Department of Public Health, however, added Butalbital to Schedule III of the Controlled Substances List in Alabama.

Alabama Dental Professionals Wellness Committee

The Alabama Legislature has mandated - specifically stating it to be the “duty and obligation of the Board to promote the early identification, intervention, treatment and rehabilitation of individuals licensed by the Board who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, controlled substances, alcohol, chemicals or other dependent forming substances or as a result of any physical or mental condition rendering such person unable to meet the standards of their profession.” Code of Alabama (1975) Section 34-38-2. Impaired is defined as the inability to practice with reasonable skill and safety to patients due to the conditions or diseases described above.

To fulfill its statutory “duty and obligation” the Board created what is now known as the Alabama Dental Professionals Wellness Committee. The Committee is led by Dr. Michael Garver and consists of dedicated recovering professionals who discharge or assist in the important functions identification, intervention, treatment and rehabilitation of impaired professionals and then monitoring their compliance. The Board is proud of the Committee and its success, the procedures and policies which have been adopted, the cooperation between the Committee and the Board and the disciplinary process involving these professionals. Because of this, and due to Dr. Garver's leadership, the Committee boasts one of the lowest relapse rates in the nation and has developed excellent relationships with treatment facilities and providers.

The Committee has a hotline, 1-800-818-3880, which you are encouraged to call should the need arise or you have any information regarding the impairment of any individual. There are currently seventy six professionals who have successfully returned to practice and are being monitored by the committee.

More information on the history of the Committee, how the Committee functions, contact information and links to treatment facilities can be found on the Board's website, www.dentalboard.org.

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Parental Sedation Permits

Oral Conscious Sedation Permits

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Instate

Out of State

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ARTICLE 1. GENERAL PROVISIONS.

§ 34-9-1. Definitions.

For the purposes of this chapter, the following terms shall have the respective meanings ascribed by this section:

- (1) ANNUAL REGISTRATION. The documentary evidence that the Board has renewed the authority of the licensee to practice dentistry or dental hygiene in this state.
- (2) BOARD. The Board of Dental Examiners of Alabama.
- (3) COMMERCIAL DENTAL LABORATORY. A technician or group of technicians available to any or all licensed dentists for construction or repair of dental appliances.
- (4) GENERAL ANESTHESIA. A controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic method.
- (5) LICENSE. The grant of authority by the Board to a person to engage in the practice of dentistry or dental hygiene.
- (6) LICENSE CERTIFICATE. The documentary evidence under seal of the board that said board has granted authority to the licensee to practice dentistry or dental hygiene in this state.
- (7) LOCAL ANESTHESIA. The elimination of sensations, especially pain in one part of the body by topical application or regional injection of a drug.
- (8) PRACTICE OF DENTISTRY ACROSS STATE LINES.
 - a. The practice of dentistry as defined in Section 34-9-6 as it applies to the following:
 1. The rendering of a written or otherwise documented professional opinion concerning the diagnosis or treatment of a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to the dentist or his or her agent.
 2. The rendering of treatment to a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from this state to the dentist or his or her agent.
 3. The holding of himself or herself out as qualified to practice dentistry, or use any title, word, or abbreviation to indicate or induce others to believe that he or she is licensed to practice dentistry across state lines.
 - b. This definition is not intended to include an informal consultation between a licensed dentist located in this state and a dentist located outside this state provided that the consultation is conducted without compensation or the expectation of compensation to either dentist, and does not result in the formal rendering of a written or otherwise documented professional opinion concerning the diagnosis or treatment of a patient by the dentist located outside the state.
- (9) PRIVATE TECHNICIANS. A technician employed by a dentist or group of dentists for a specified salary.
- (10) SEDATION. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command, produced by a pharmacologic method.

§ 34-9-2. Legislative declarations - Construction.

- (a) The legislature hereby declares that the practice of dentistry affects the public health, safety and welfare and should be subject to regulation. It is further declared to be a matter of public interest and concern that the dental profession merit and receive the confidence of the public and that only qualified dentists be permitted to practice dentistry in the State of Alabama. All provisions of this chapter

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relating to the practice of dentistry and dental hygiene shall be liberally construed to carry out these objects and purposes.

(b) The Legislature also finds and declares that, because of technological advances and changing practice patterns, the practice of dentistry is occurring with increasing frequency across state lines and that the technological advances in the practice of dentistry are in the public interest.

(c) The Legislature further finds and declares that the practice of dentistry is a privilege. The licensure by this state of non-resident dentists who engage in dental practice within this state is within the public interest. The ability to discipline the non-resident dentists who engaged in dental practice in this state is necessary for the protection of the citizens of this state and for the public interest, health, welfare and safety.

§ 34-9-3. Licenses; Dentists.

(a) It shall be unlawful for any person to practice dentistry in the state of Alabama except the following:

- 1) Those who are now duly licensed dentists, pursuant to law.
- 2) Those who may be hereafter duly licensed and who are currently registered as dentists, pursuant to this chapter.
- 3) Those non-resident dentists who have been issued a special purpose license to practice dentistry across state lines in accordance with 34-9-10. This subdivision shall not apply to those dentists who hold a full, unrestricted and current license issued pursuant to Section to 34-9-10.

§ 34-9-4. License; Dental Hygienists.

(a) It shall be unlawful for any person to practice dental hygiene in the state of Alabama except:

- 1) Those who are now licensed dental hygienists, pursuant to law; and
- 2) Those who may hereafter be duly licensed and who are currently registered as dental hygienists pursuant to the provisions of this chapter.

§ 34-9-5. Penalty.

Any person who shall practice dentistry, engage in the practice of dentistry across state lines, or practice dental hygiene in this state within the meaning of this chapter without having first obtained from the board a license and an annual registration certificate, when said certificate is required by this chapter, or who violates this chapter, or who willfully violates any published rule or regulation of the board, or who does any act described in this chapter as unlawful, the penalty for which is not herein specifically provided, shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than one thousand dollars (\$1,000) for each offense, to be fixed by the court trying the case, and in addition thereto may be, in the discretion of the court, sentenced to hard labor for the county for a period not to exceed 12 months.

§ 34-9-6. Practice of Dentistry.

Any person shall be deemed to be practicing dentistry who performs, or attempts or professes to perform, any dental operation or dental service of any kind gratuitously or for a salary, fee, money or other remuneration paid, or to be paid, directly or indirectly, to himself, or to any person in his behalf, or to any agency which is a proprietor of a place where dental operations or dental services are performed; or

- 1) Who directly or indirectly, by any means or method, makes impression of the human tooth, teeth, jaws or adjacent tissue, or performs any phase of any operation incident to the replacement of a tooth or any part thereof; or

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- 2) Supplies artificial substitutes for the natural teeth, and who furnishes, supplies, constructs, reproduces or repairs any prosthetic denture, bridge, appliance or any other structure to be worn in the human mouth; or
- 3) Who places such appliance or structure in the human mouth, or adjusts or attempts or professes to adjust the same, or delivers the same to any person other than the dentist upon whose prescription the work was performed; or
- 4) Who professes to the public by any method to furnish, supply, construct, reproduce or repair any prosthetic denture, bridge, appliance or other structure to be worn in the human mouth, or who diagnoses, or professes to diagnose, prescribe for, professes to prescribe for, treats or professes to treat disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structure, or who extracts or attempts to extract human teeth, or remove tumors, abnormal growths or other lesions from the human gums, jaws, and adjacent structures, or who operates for harelip or cleft palate; or who treats surgically or mechanically fractures of the human jaw; or who administers local or general anesthetics in the treatment of any dental lesion; or
- 5) Who repairs or fills cavities in the human teeth; or
- 6) Who uses a roentgen or X-ray machine for the purpose of taking dental X-rays or roentgenograms, or who gives, or professes to give, interpretations or readings of dental X-rays or roentgenograms, or X-ray or roentgen therapy; or
- 7) Who administers an anesthetic of any nature in connection with a dental operation; or
- 8) Who uses the words "dentists," "dental surgeon," "oral surgeon," or the letters "D.D.S." "D.M.D." or any other words, letters, title or descriptive matter which in any way represents him as being able to diagnose, treat, prescribe or operate for any disease, pain, deformity, deficiency, injury or physical condition of the teeth or jaws or adjacent structures; or
- 9) Who states, or professes, or permits to be stated or professed by any means or method whatsoever that he can perform or will attempt to perform dental operations, or render a diagnosis connected therewith; or
- 10) Who performs any clinical operation included in the curricula of recognized dental colleges; provided, that members of the faculty, teachers, instructors, fellows, interns, residents, dental students and student dental hygienists who are employed by or who are taking courses or instructions at the University of Alabama School of Dentistry or such other dental colleges, hospitals or institutions in Alabama, as may be approved by the board; and provided, that the work of fellows, interns, residents, dental students and student dental hygienists is performed within the facilities of such dental colleges, hospitals and institutions under the supervision of an instructor and as an adjunct to his course of study or training, shall not be required to take examination or obtain a license certificate and renewal license certificate when all of such work, dental operations and activities are confined to his work on said college, hospital or other institution and said work is done without remuneration other than the regular salary or compensation paid by such colleges, hospitals or other institutions.

§ 34-9-7. Exemptions.

Nothing in this chapter shall apply to the following practices, acts and operations:

- (1) The practice of his or her profession by a physician or surgeon holding a certificate of qualifications as a medical doctor and licensed as such under the laws of this state, provided he or she shall not practice dentistry as a specialty.
- (2) The practice of dentistry in the discharge of their official duties by graduate dentists or dental surgeons in the United States army, navy, air force, or other armed services, public health service (provided however, dentists, dental hygienists and other personnel employed by any public health service which performs dental health care for the general public under programs funded in whole or part by the state or federal government shall be subject to all of the provisions of this chapter and the rules and regulations duly promulgated by the Board of Dental Examiners governing the practice of dentistry and dental hygiene in this state), coast guard or veteran's administration.

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(3) The practice of dentistry by a licensed dentist of other states or countries at meetings of the Alabama Dental Association or components thereof, or other like dental organizations approved by the Board, while appearing as clinicians, or when appearing in emergency cases upon the specific call of dentists duly licensed under this chapter.

(4) The filing of prescriptions of a licensed and registered dentist, as hereinafter provided, by any person or persons, association, corporation or other entity, for the construction, reproduction or repair of prosthetic dentures, bridges, plates or appliances on a model made by or from impressions taken by a licensed and currently registered dentist, to be used or worn as a substitute for natural teeth; provided, that the person or persons, association, corporation or other entity, shall not solicit or advertise, directly or indirectly, by mail, card, newspaper, pamphlet, radio, television, or otherwise, to the general public to construct, reproduce or repair prosthetic dentures, bridges, plates, or other appliances to be used or worn as substitutes for natural teeth.

(5) The use of roentgen machines or other rays for making radiograms or similar records, of dental or oral tissues under the supervision of a licensed dentist or physician; provided, that the services shall not be advertised by any name whatever as an aid or inducement to secure dental patronage, and no person shall advertise that he or she has, leases, owns, or operates a roentgen machine for the purpose of making dental radiograms of the human teeth or tissues or the oral cavity, or administering treatments thereto for any disease thereof.

(6) The giving of a general anesthetic by a nurse anesthetist who administers a general anesthetic under the direct supervision of a duly licensed dentist to a patient who is undergoing dental treatment rendered by the dentist.

(7) The use of a nurse in the practice of professional or practical nursing, as defined in Sections 34-21-1 through 34-21-26, by a dentist.

(8) A dentist who engages in the practice of dentistry across state lines in an emergency, as defined by the board.

(9) A dentist who engages in the practice of dentistry across state lines on an irregular or infrequent basis. The "irregular or infrequent" practice of dentistry across state lines is considered to occur if the practice occurs less than 10 times in a calendar year or involves fewer than 10 patients in a calendar year, or the practice comprises less than one percent of the diagnostic or therapeutic practice of the dentist.

§ 34-9-7.1 Exemption of participation in continuing education course

The practice of dentistry by a dentist licensed in another state as a part of participation in a continuing education course conducted, taught, or supervised by the University of Alabama School of Dentistry or any other dental college, hospital, or institution in Alabama which is approved by the board is exempt from the licensing requirements of this chapter.

§ 34-9-8. Teaching permits.

The Board shall annually issue teaching permits to persons who are bona fide members of the faculty of a dental college, if they hold a dental degree but are not licensed and registered to practice dentistry or dental hygiene in the state. The Dean of any dental college located in the state shall annually certify to the Board the bona fide members of the clinical faculty of the college who are not licensed and registered to practice dentistry or dental hygiene in the state. The Board shall issue teaching permits to applicants upon the certification by the Dean. The teaching permits shall be invalid if the holder ceases to be a member of the clinical faculty of the dental college. The Dean of any dental college shall promptly notify the Board regarding changes in the faculty which affect the eligibility of a faculty member to possess a teaching permit. The holder of a teaching permit shall be subject to this chapter and may perform all clinical operations which a person licensed to practice dentistry or dental hygiene in the state is entitled to perform. The operations may only be performed within the facilities of the

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dental college and as an adjunct to his or her teaching functions in the college. An annual fee established pursuant to this chapter shall be paid to the Board when the teaching permit is issued.

§ 34-9-9. Prohibited business arrangements or relationships.

(a) No person other than a dentist licensed pursuant to this chapter may:

- (1) Employ a dentist, dental hygienist or both in the operation of a dental office;
- (2) Place in the possession of a dentist, dental hygienist or other agent such dental material or equipment as may be necessary for the management of a dental office on the basis of a lease or any other agreement for compensation for the use of such material, equipment or offices; or
- (3) Retain the ownership or control of dental equipment, material, or office and make the same available in any manner for the use of a dentist, dental hygienist or other agent.
- (4) The term "person" as used in this section, shall not in any way pertain to state, county, municipal or city institutions but shall be deemed to include any individual, firm, partnership, corporation or other entity not licensed to practice dentistry in the state of Alabama.
- (5) Nothing in this subsection shall apply to bona fide sales of dental equipment, material or office secured by a chattel mortgage or retention title agreement, or to an agreement for the rental of the equipment or office by bona fide lease at a reasonable amount, and under which agreement the licensee under this chapter maintains complete care, custody, and control of said equipment and his practice. Further, nothing in this subsection shall prohibit or restrict persons, firms or corporations from employing or retaining licensed dentists to furnish dental treatment for their employees or dependents of their employees.

(b) The purpose of this section is to prevent a non-dentist from influencing or otherwise interfering with the exercise of a dentist's independent professional judgment. In addition to the acts specified in subsection (a) no person, other than a dentist licensed in accordance with this chapter, shall enter into a relationship with a person licensed under this chapter pursuant to which said unlicensed person exercises control over the following:

- (1) The selection of a course of treatment for a patient, the procedures or materials to be used as a part of such course of treatment, and the manner in which such course of treatment is carried out by the licensee;
- (2) The patient records of a dentist;
- (3) Policies and decisions relating to pricing, credit, refunds, warranties and advertising; and
- (4) Decisions relating to office personnel: and hours of practice.

c) Any licensed dentist or dental hygienist who enters into any of the arrangements or relationships described in subsection (a) or subsection (b) above with an unlicensed person as defined above, may be subject to any of the penalties set forth in section 34-9-18.

§ 34-9-10. Application for license; qualifications of applicants; licensing of persons in other states.

(a) Every person who desires to practice dentistry within the State of Alabama shall file with the secretary-treasurer of the board his or her written application for a license, and furnish satisfactory proof that he or she is 19 years of age, of good moral character, and that he or she is a graduate of a dental school or college approved by the board. The application shall be upon the form prescribed and furnished by the board and verified by the oath of the applicant, accompanied by a fee to be determined by the board, but the fee shall not be less than twenty-five dollars (\$25) nor more than two hundred dollars (\$200), and the application shall contain a recent unmounted autographed photograph of the applicant. The board may issue a license without examination other than clinical to an applicant who furnishes satisfactory proof that he or she is a graduate of a dental school approved by the board, if the applicant holds a license under equal requirements to those of this state and has, for five consecutive years immediately prior to the filing of his or her application, been engaged in the legal and ethical practice of dentistry in a state or the District of Columbia, of the United States and furnishes other

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evidence as to his or her qualifications and lawful practice as the board may deem necessary. No license shall be issued under this section unless the state from which the applicant comes, or the District of Columbia, shall accord equal rights to licensed dentists of this state. The fee for issuing the reciprocal license shall be not less than fifty dollars (\$50) nor more than one hundred dollars (\$100), to be determined by the board.

(b) Notwithstanding the provisions of subsection (a), the board shall issue a special purpose license to practice dentistry across state lines to an applicant who has met the following requirements:

(1) The applicant holds a full and unrestricted license to practice dentistry in any state of the United States or in territories, other than the State of Alabama, in which the individual is licensed.

(2) The applicant has not had any disciplinary action or other action taken against him or her by any state or licensing jurisdiction. If there has been previous disciplinary or other action taken against the applicant, the board may issue a certificate of qualification if it finds that the previous disciplinary or other action indicates that the dentist is not a potential threat to the public.

(3) The applicant submits an application for a certificate of qualification for a special purpose license to practice dentistry across state lines on a form provided by the board, and remits an application fee in an amount established by the board.

(c) A special purpose license issued by the board to practice dentistry across state lines limits the licensee solely to the practice of dentistry across state lines. The special purpose license shall be valid for a period of three years, shall expire on a renewal date established by the board in the third calendar year after its issuance, and may be renewed upon receipt of a renewal fee as established by the board. Failure to renew a license according to the renewal schedule established by the board shall result in the automatic revocation of the special purpose license to practice dentistry across state lines. An applicant may reapply following automatic revocation for failure to renew. The applicant shall meet the qualifications of subsection (b) in order to be eligible for renewal of the license.

(d) Notwithstanding the provisions of this section, the board shall only issue a special purpose license to practice dentistry across state lines to an applicant whose principal practice location and license to practice are located in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice dentistry across state lines or similar license to a dentist whose principal practice location and license are located in another state. It is the stated intent of this section that dentists who hold a full and current license in the State of Alabama be afforded the opportunity to obtain, on a reciprocal basis, a license to practice dentistry across state lines in any other state or territory of the United States as a precondition to the issuance of a special purpose license as authorized by this section to a dentist licensed in the other state or territory. The board shall determine which states or territories have reciprocal licensure requirements meeting the qualifications of this section.

(e) Licensure by credentials may be utilized to evaluate the theoretical knowledge and clinical skill of a dentist or dental hygienist when an applicant for licensure by credentials holds a dental or dental hygiene license in another state. The board may promulgate rules and regulations relating to licensure by credentials, including fees, in addition to any requirements by law. An applicant for licensure by credentials must meet all of the following:

(1) The dentist or dental hygienist must have been engaged in the active practice of dentistry or dental hygiene or in full-time dental or dental hygiene education for the past five years.

(2) The applicant must hold a current, valid, unrevoked, and unexpired license in a state having examination standards regarded by the Board of Dental Examiners of Alabama as an equivalent to the Alabama standards.

(3) The board of examiners in the state of current practice must verify or endorse that the applicant's license is in good standing without any restrictions.

(4) The dentist or dental hygienist must not be the subject of pending or final disciplinary action in any state in which the individual has been licensed which shall be verified by a query to the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the American

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Association of Dental Examiners Clearing House for Disciplinary Information or any other pertinent bank currently existing or which may exist in the future.

- (5) The applicant must provide a written statement agreeing to be interviewed at the request of the board.
 - (6) The individual must successfully pass a written jurisprudence examination.
 - (7) There must be certification from the United States Drug Enforcement Administration and from the state board of any state in which the applicant is or has been licensed that the DEA permit has not been revoked, suspended, modified, restricted, or limited in any way or that any state controlled substances permit has not been revoked, suspended, modified, restricted, or limited in any way.
 - (8) The applicant must submit affidavits from two licensed dentists or two licensed dental hygienists practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability.
 - (9) The applicant must provide the board with an official transcript with school seal from the school of dentistry or school of dental hygiene which issued the applicant's professional degree or execute a request and authorization allowing the board to obtain the transcript.
 - (10) The applicant must be a graduate of a dental or dental hygiene school, college or educational program approved by the board.
 - (11) The applicant must not be the subject of any pending or final action from any hospital revoking, suspending, limiting, modifying, or interfering with any clinical or staff privileges.
 - (12) The applicant must not have been convicted of a felony or misdemeanor involving moral turpitude or of any law dealing with the administering or dispensing of legend drugs, including controlled substances.
 - (13) The board may consider or require other criteria including, but not limited to any of the following:
 - a. Questioning under oath.
 - b. Results of peer review reports from constituent dental societies or federal dental services.
 - c. Substance abuse testing or treatment.
 - d. Background checks for criminal or fraudulent activities.
 - e. Participation in continuing education.
 - f. A current certificate in cardiopulmonary resuscitation.
 - g. Recent case reports or oral defense of diagnosis and treatment plans.
 - h. Proof of no physical or psychological impairment that would adversely affect the ability to practice dentistry or dental hygiene with reasonable skill and safety.
 - i. An agreement to initiate practice within the State of Alabama within a period of one year.
 - j. Proof of professional liability coverage and that coverage has not been refused, declined, cancelled, non-renewed, or modified.
 - (14) If all criteria and requirements are satisfied and the board determines, after notice and hearing, that the individual committed fraud or in any way falsified any information in the application process, the license may be revoked by the board.
- (f) In addition to the requirements for applicants seeking licensure by credentials, an applicant desiring to practice a specialty only, must meet the following requirements:
- (1) The specialty must be one in a branch of dentistry approved by the American Dental Association.
 - (2) The applicant must meet the existing educational requirements and standards set forth by the American Dental Association for that approved specialty.
 - (3) An applicant who chooses to announce or practice a specialty must limit his or her practice exclusively to the announced special area or areas of dental practice.
 - (4) If an applicant who is initially licensed by credentials for a specialty practice decides to renounce his or her specialty and practice general dentistry and the license originally issued did not require a general dental license but rather a specialty license or the application originally passed only a

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specialty examination, the applicant would not be allowed to practice general dentistry until he or she successfully passed the board's regular general dentistry examination. However, if the applicant has passed a general dentistry examination or has a general dentistry license, was practicing a specialty and decided not to continue that specialty and practice only general dentistry, this applicant would be eligible for licensure by credentials as a general dentist.

§ **34-9-11. Examinations - licenses; content of certificate.**

When application and accompanying proof as are required herein are found satisfactory, the Board shall notify the applicant to appear before it for examination at a time and place to be fixed by the Board, and each applicant shall be examined and graded by number in lieu of name. All examinations provided for in this chapter shall be conducted by the Board and shall be of such type and character as to test the qualifications of the applicant to practice dentistry. In conducting examinations, each member of the Board shall submit his questions to the other Board members, and the entire Board shall decide whether or not each proposed question is fair and practical. It is provided, however, that the Board may recognize any written parts of an examination given by the National Board of Dental Examiners in lieu of such examinations or subject to such examinations as the Board may require. Those found qualified by the Board shall be granted a license and a license certificate which shall bear a serial number, the full name of the licensee, the date of issuance and the seal of the Board, and shall be signed by each member of the Board.

§ **34-9-12. Licenses; recording certificate.**

a) Every person granted a license to practice dentistry or dental hygiene in this state by the Board of Dental Examiners of Alabama, as herein provided, shall cause his or her license certificate to be recorded in the office of the judge of probate of the county in which he or she desires to practice before beginning the practice of dentistry or dental hygiene in said county. Any person receiving a license from the Board, whether or not intending to immediately engage in the practice of dentistry or dental hygiene in this state, shall cause his or her license certificate to be recorded in the office of the judge of probate in one of the counties of this state within 60 days of the issuance of the license certificate.

b) Every person issued a special purpose license to practice dentistry across state lines shall be subject to the jurisdiction of the Board, and all rules and regulations of the Board, including all matters relating to discipline. It shall be the affirmative duty of every special purpose licensee to report to the Board in writing within 15 days of the initiation of any disciplinary action against the licensee to practice dentistry by any state or territory in which the licensee is licensed. In addition, the licensee agrees, by acceptance of the license, to produce any patient records or materials as requested by the Board or to appear before the Board or any of its committees following receipt of a written notice issued by the Board. The notice may be issued by the Board. The failure of a special purpose licensee to report, produce records, or appear as set forth above shall subject the licensee to the disciplinary penalties as set forth in Section 34-9-5.

c) Every person issued a special purpose license to practice dentistry across state lines shall comply with all laws, rules, and regulations governing the maintenance of patient records, including patient confidentially requirements, regardless of the state where the records of any patient within this state are maintained.

§ **34-9-13. Licenses; possession of certificate in office.**

Every practitioner of dentistry and dental hygiene within the meaning of this chapter shall have in his possession a license certificate and an annual registration certificate in the office wherein he practices.

§ **34-9-14. Change of addresses.**

Every licensed dentist and dental hygienist upon changing his place of practice, whether from one building, city street address or county to another, shall within 30 days thereafter furnish the secretary-

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treasurer of the board with the new address. The secretary-treasurer shall acknowledge receipt of change of address within 30 days.

§ 34-9-15. Registration of licensees - Continuing registration.

(a) No person shall practice dentistry in the state of Alabama unless licensed by the Board and registered annually as required by this chapter. The secretary-treasurer of the Board shall mail to each licensee an initial registration form which shall contain space for the insertion of name, address, date, and number of license certificate, and other information as the Board shall deem necessary. The licensee shall sign and verify the accuracy of the registration before a notary public after which he or she shall forward the registration to the secretary-treasurer of the Board together with a fee established by the Board pursuant to this chapter. Each subsequent registration shall be made upon the form as above prescribed except that it need not be verified. On or before October 1 of each year, every dentist licensed to practice dentistry in the state shall transmit to the secretary-treasurer of the Board the completed form prescribed by the Board, together with a fee established by the Board pursuant to this chapter, and receive therefore the current annual registration certificate authorizing him or her to continue the practice of dentistry in the state for a period of one year. Any license and license certificate previously granted under the authority of this chapter or any prior dental practice act shall automatically be suspended if the holder thereof fails to secure the annual registration certificate before January 1 each year. Any dentist whose license is automatically suspended by reason of failure, neglect or refusal to secure the annual registration certificate shall be reinstated by the board upon payment of the penalty fee of two hundred fifty dollars (\$250) plus all accrued annual registration fees up to a maximum of five years, accompanied with the prescribed form for annual registration of the license. Upon failure of any licensee to file application for the annual registration certificate and pay the annual registration fee on or before November 30 each year, the Board shall notify the licensee mail addressed to the last address of record that the application and fee have not been received and that, unless the application and fee are received on or before the first day of January, the license and license certificate shall be automatically suspended. The Board shall notify the licensee by mail addressed to the last address of record of the effective date of the automatic suspension and the provisions for registration of the license. The Board shall waive the annual payment of fees herein provided for and issue a current annual registration certificate to any licensee who, because of age or physical disability, has retired from the practice of dentistry or who is suffering a malady of a lingering or permanent nature. The Board by rule shall waive annual registration and the payment of fees while any licensee is on temporary active duty with any of the armed forces of the United States. The waiver of fees herein provided shall be effective so long as the retirement because of age or physical disability or temporary active duty continues.

(b) The Board shall adopt, promulgate rules and regulations for the adoption of a program of continuing education for its licensees by October 1, 1991. After that date, the successful completion of continuing education program requirements shall be a requisite for renewal of licenses issued pursuant to this chapter.

§ 34-9-16. Fees.

The Board shall collect fees provided for in this chapter as follows:

Examination fee for dental applicants, to be fixed by the Board	\$100 to \$300
Examination for dental applicants under reciprocal agreements.....	\$ 50 to \$100
Examination fee for dental hygiene applicants.....	\$100 to \$200
Dental hygienist examination material fee.....	\$ 50 to \$100
Examination fee for dental hygienists.....	\$ 20 to \$180
Training permit fee for dental hygienists.....	\$150 to \$300
Education fee for student hygienists in Alabama Dental Hygiene Program.....	\$ 75 to \$200
Dental examination material fee.....	\$100 to \$200

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License certificate fee.....	\$ 25
Duplicate license certificate fee.....	\$ 25
Annual registration certificate fee for dentists.....	\$ 50 to \$150
Annual registration certificate fee for dental hygienists.....	\$ 25 to \$ 75
Controlled substance certificate fee for dentists.....	\$ 50 to \$ 200
Teaching permit.....	up to \$ 150

§ 34-9-17. Names used in practice of Dentistry.

(a) Any person or persons may practice or offer to practice dentistry in connection with any dental office or offices by or under the use of a name other than their own provided their name or names as they appear on their license certificate granted to him or them as a dentist pursuant to this chapter appear in a reasonably dignified manner either following or beneath any name selected and further provided that such person or persons are personally present in their office or offices operating as a dentist or personally overseeing such operations as they are performed in their office or each of their offices. When an associate in practice is on temporary active duty with the armed forces, his name may continue to appear in connection with the practice of dentistry at any office or offices. Nothing herein shall allow or permit any person or persons to select a name that suggests or implies a nonprofit or charitable activity. The violation of any of the provisions of this subsection by any dentist may subject such dentist to any of the penalties outlined in section 34-19-18.

(b) It shall be unlawful for a licensee to permit his or her name to appear in any manner on, within or in connection with any office which he has sold to another licensee and from which he has severed his active practice, provided the name of the dentist who sells his office to a licensed dentist may remain in the office for a period not to exceed six months and it shall also be unlawful for the buyer to permit the former owner's name to appear in any manner on, within or in connection with said office, except as herein provided. The violation of any of the provisions of this subsection by any dentist may subject such dentist to the penalties outlined in section 34-9-18.

c) Nothing in this section shall be so construed as to prevent two or more licensed dentists from associating together for the practice of dentistry.

§ 34-9-18. Disciplinary actions; generally.

(a) The Board may invoke disciplinary action as outlined in subsection (b) hereof whenever it shall be established to the satisfaction of the Board, after hearing as hereinafter provided, that any dentist or dental hygienist has been guilty of the following:

- (1) Fraud, deceit or misrepresentation, whether knowingly or unknowingly, in obtaining any license, license certificate, annual registration certificate, money or other thing of value; or
- (2) Gross immorality.
- (3) Is a menace to the public health or to patients or others by reason of a disease.
- (4) Is a habitual user of intoxicants or drugs rendering him unfit for the practice of dentistry or dental hygiene.
- (5) Has been convicted for violation of federal or state narcotics or barbiturate laws.
- (6) Is guilty of gross negligence in the practice of dentistry or dental hygiene.
- (7) Is guilty of employing, allowing or permitting any unlicensed person or persons to perform any work in his or her office which, under this chapter, can only be legally done by a person or persons holding a license to practice dentistry or dental hygiene.
- (8) Willfully or negligently violates the rules of the state department of health or of the Board regarding sanitation.
- (9) Is guilty of division of fees, or agreeing to split or divide the fee received for dental service with any person for bringing or referring a patient without the knowledge of the patient or his or

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her legal representative, except the division of fees between dentists practicing in a partnership and sharing professional fees, or in case of one licensed dentist employing another.

(10) Is guilty of professional connection or association with or lending his name to anyone who is engaged in the illegal practice of dentistry.

(11) Conviction in any court of competent jurisdiction of a felony or a misdemeanor involving moral turpitude.

(12) a. A dental hygienist using or attempting to use in any manner whatsoever any prophylactic list, call list, records, reprints, or copies of same, or information gathered therefrom, of the names of patients whom the dental hygienist served in the office of a prior employer, unless the names appear upon the bona fide call or prophylactic list of his or her present employer and were caused to so appear through the legitimate practice of dentistry as provided for in this chapter.

b. A licensed dentist who aids or abets or encourages a dental hygienist employed by him or her to make use of a so-called prophylactic list or the calling by telephone or by the use of letters transmitted through the mails to solicit patronage from patients formerly served in the office of any dentist employing the hygienist or nurse.

(13) Pertaining to licensed dentists only, the prescribing, administering or dispensing of any controlled substances enumerated in Schedules I through V contained in the Alabama Uniform Controlled Substances Act, Chapter 2 of Title 20, or any amendment or successor thereto, for any person not under his or her treatment in the regular practice of his or her profession; or veteran's administration.

(14) Irregularities in billing an insurance company or other third party payer for services rendered to a patient.

(15) Violating any rule or regulation adopted by the Board of Dental Examiners.

(16) Has had his or her license to practice dentistry or dental hygiene from another state suspended or revoked based upon acts similar to those described in this section. A certified copy of the record of suspension or revocation of the state making the suspension or revocation shall be conclusive evidence thereof.

(17) Violating any provision of this Chapter.

For the purposes of this section irregularities in billing shall include: reporting charges for the purpose of obtaining a total payment in excess of that usually received by the dentist for the services rendered; falsely reporting treatment dates for the purpose of obtaining payment; falsely reporting charges for services not rendered; falsely reporting services rendered for the purpose of obtaining payment; or failing to advise and that the co-payment provisions of a contract have been abrogated by accepting the payment received from the third party payer as full payment.

(b) When the Board finds any dentist or dental hygienist guilty of any of the grounds set forth in subsection (a), it may enter an order imposing one or more of the following penalties:

(1) Refuse to issue the dentist or dental hygienist license or license certificate provided for in this chapter.

(2) Revoke the license of any dentist or dental hygienist.

(3) Suspend the license of any dentist or dental hygienist.

(4) Enter a censure.

(5) Issue an order fixing a period and terms or probation best adapted to protect the public health and safety and to rehabilitate the dentist or dental hygienist.

(6) Imposition of an administrative fine not to exceed one thousand dollars (\$1,000) for each count or separate offense.

(7) Imposition of restrictions on the scope of practice.

(8) Imposition of peer review or professional education requirements.

(9) Assessment of the costs of the disciplinary proceedings.

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(c) Failure to comply with any Final Order of the Board, including but not limited to an order of censure or probation, is cause for suspension or revocation of a license.

(d) No disciplinary action as outlined in subsections (b) or (c) hereof shall be invoked or entered except after hearing by the Board as provided in this chapter, and such order is subject to judicial review as provided by this chapter. No order of suspension or revocation provided in this section shall be made or entered except after hearing by the Board as provided in this chapter, and the order shall be subject to judicial review as provided by this chapter.

(e) The Board may temporarily suspend a special purpose license to practice dentistry across state lines without a hearing on either of the following grounds:

(1) The failure of the licensee to appear or produce records or materials as requested by the Board.

(2) The initiation of a disciplinary action against the licensee by any state or territorial licensing jurisdiction in which the licensee holds a license to practice dentistry. Notwithstanding any other provision of law, including the Alabama Administrative Procedure Act., the temporary suspension provided herein shall remain in effect until either the licensee has complied with the request of the board or the disciplinary action pending against the licensee has been terminated in favor of the licensee and the temporary suspension has been terminated by a written order of the Board. A special purpose license to practice dentistry across state lines is subject to each of the grounds for disciplinary action provided in Section 34-9-18 in accordance with the procedures of Section 34-9-24 and the Alabama Administrative Procedure Act.

(f) Members of the Board of Dental Examiners, any agent, employee, consultant or attorney for the Board, the members of any committee of dentists or dental hygienists impaneled by the Board, shall be immune from suits for any conduct in the course of their official duties with respect to investigations or hearings; provided, that the persons act without malice and in good faith that such investigations or hearings are warranted by the facts, known to them after diligent effort to obtain the facts of the matter relative to the investigations or hearings.

(g) Nothing in this chapter shall be interpreted to limit or restrict the authority of the Board to discipline any dentist licensed to practice in this state who violates this chapter while engaging in the practice of dentistry within this or any other state.

§ 34-9-19. Advertising; generally.

(a) For the purpose of this section, the following terms shall have the respective meanings:

(1) DENTIST. Any person licensed to practice dentistry in this state pursuant to this chapter.

(2) ADVERTISEMENT. An advertisement is information communicated in a manner designed to attract public attention to the practice of a dentist as heretofore defined.

(3) FALSE, FRAUDULENT, MISLEADING, OR DECEPTIVE. A false, fraudulent, misleading, or deceptive statement or claims is one which:

a. Contains a misrepresentation of facts.

b. Is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

c. Is intended or is likely to create false or unjustified expectations of favorable results.

d. Implies unusual or superior dental ability.

e. Contains other representations or implications that in reasonable probability will cause an ordinary and prudent person to misunderstand or be deceived.

(b) A dentist shall have ultimate responsibility for all advertisements which are approved by him or her or his or her agents or associates and the dentist shall be responsible for the following:

(1) Broadcast advertisements shall be recorded, approved by the dentist, and a recording of the actual transmission shall be retained by the dentist for one year following the final appearance or use of the advertisement. The dentist is responsible for making copies of the advertisement available to the board within 10 days following a request by the board.

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- (2) Written or printed advertisements shall be approved by the dentist and a copy of the publication in which the advertisement is displayed shall be retained by the dentist for one year following the final appearance or use of the advertisement. The dentist is responsible for making copies of the advertisement available to the board within 10 days following a request by the board.
- (3) Other forms of advertisement shall be approved by the dentist and the contents and specifications, where applicable, shall be retained by the dentist for one year following the final appearance or use of the advertisement and the dentist is responsible for making copies of the advertisement available to the board within 10 days following a request by the board
- (c) A dentist may not hold himself or herself out as a specialist or advertise specialty status unless the specialty is approved by the American Dental Association.
- (d) Dentists who are not specialists in specialties approved by the American Dental Association may nevertheless advertise that their practice is limited to a specific area of dentistry only if the dentist has obtained membership in or otherwise has been credentialized by an accrediting organization which is recognized by the board as a bona fide organization for such an area of practice.
- (e) Notwithstanding any provision of this section to the contrary, a dentist licensed pursuant to this chapter may not hold himself or herself out as a specialist or advertise membership in a specialty recognized by an accrediting organization, unless the dentist has continuously held himself or herself out as a specialist since December 31, 1964, in a specialty recognized by the American Dental Association or has completed a specialty education program approved by the American Dental Association and the Commission on Dental Accreditation and meets either of the following qualifications:
- (1) Is eligible for examination by a national specialty board recognized by the American Dental Association.
 - (2) Is a diplomate of a national specialty board recognized by the American Dental Association.
- (f) A dentist licensed under this chapter may not represent to the public without appropriate disclosure that his or her practice is limited to a specific area of dentistry other than a specialty area of dentistry authorized under subsection (e) unless the dentist has attained membership in or has otherwise been credentialized by an accrediting organization which is recognized by the board as a bona fide accrediting organization for such an area of dental practice. In order to be recognized by the board as a bona fide accrediting organization for a specific area of dental practice other than a specialty area of dentistry authorized under subsection (e), the organization must condition membership or credentialing of its members upon all of the following:
- (1) Successful completion of a formal, full-time advanced education program that is affiliated with or sponsored by a university-based dental school that is beyond the dental degree, is at the graduate or postgraduate level, and is of at least 12 months in duration.
 - (2) Prior didactic training and clinical experience in the specific area of dentistry which is greater than that of other dentists
 - (3) Successful completion of oral and written examinations based on psychometric principles.
- (g) Notwithstanding the requirements of subsections (e) and (f), a dentist who lacks membership in or certification, diplomate status, or other similar credentials from an accrediting organization approved as bona fide by either the American Dental Association or the board may announce a practice emphasis in any other area of dental practice if the dentist incorporates in capital letters or some other manner clearly distinguishable from the rest of the announcement, solicitation, or advertisement the following statement: “_____ (NAME OF ANNOUNCED AREA OF DENTAL PRACTICE) IS NOT RECOGNIZED AS A SPECIALTY AREA BY THE AMERICAN DENTAL ASSOCIATION OR THE BOARD OF DENTAL EXAMINERS OF ALABAMA.” If such an area of dental practice is officially recognized by an organization which the dentist desires to acknowledge or otherwise reference in the dentist’s announcement, solicitation, or advertisement, the same announcement, solicitation, or advertisement shall also state prominently: “_____ (NAME OF REFERENCED ORGANIZATION) IS NOT RECOGNIZED AS A BONA FIDE SPECIALTY ACCREDITING

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ORGANIZATION BY THE AMERICAN DENTAL ASSOCIATION OR THE BOARD OF DENTAL EXAMINERS OF ALABAMA.”

(h) The purpose of this section is to prevent a dentist from advertising without appropriate disclosure membership in an organization which may be perceived by the public as recognizing or accrediting specialization or other unique competencies in an area of dentistry that is not recognized or accredited by the American Dental Association or the Board of Dental Examiners of Alabama in accordance with this section. The purpose of this section is also to prohibit a dentist from advertising a specialty or other area of dental practice without appropriate disclosure unless the special competencies held by the dentist satisfy the requirements of subsections (d) and (f). The Legislature finds that dental consumers can reasonably rely on these requirements as satisfactory evidence of a dentist’s attainment of meaningful competencies in the specialty or other bona fide area of dental practice advertised. The Legislature also finds that this process for the recognition of dental specialties and other bona fide areas of dental practice is the least restrictive means available to ensure that consumers are not misled about a dentist’s unique credentials.

(i) A dentist who lacks membership in or certification, diplomate status, or similar credentials from an accrediting organization approved as bona fide by either the American Dental Association or the Board of Dental Examiners of Alabama may announce a practice emphasis in any other area of dental practice if the dentist incorporates the disclaimer set forth in subsection (g).

(j) The board shall promulgate rules and regulations delineating examples of advertising which would be considered false, fraudulent, misleading, or deceptive.

§ **Section 34-9-19.1 Dental referral services**

(a) For the purpose of this section, the following words shall have the following meanings:

(1) **ADVERTISEMENT.** Information communicated in a manner designed to attract public attention to a referral service, participating dentist, or a practice of dentistry.

(2) **DENTAL REFERRAL SERVICE.** A person, firm, partnership, association, corporation, agent, or employee of any of the foregoing that engages in any business or service for profit that in whole or in part includes the referral or recommendation of persons to a dentist for any form of dental care or treatment.

DENTIST. Any person licensed to practice dentistry, or any entity authorized by law which is formed for the purpose of practicing dentistry.

(3) **FALSE, FRAUDULENT, MISLEADING, OR DECEPTIVE STATEMENT.** A statement or claim having one or more of the following characteristics:

a. One that contains a misrepresentation of fact.

b. One that is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

c. One that is intended or is likely to create a false or unjustified expectation of favorable results.

d. One that implies unusual superior dental ability.

e. One that contains other representations or implications that in reasonable probability will cause an ordinary and prudent person to misunderstand or be deceived.

(4) **PARTICIPATING DENTIST.** A dentist who has paid a fee to the dental referral service in order to be included on its referral service.

b) A dental referral service shall not participate in the advertising of or operate a dental referral service unless all of the following conditions are met:

(1) The patient referrals by the dental referral service result from patient-initiated responses to the service’s advertising.

(2) The dental referral service discloses to any prospective patient who makes contact with the service that the participating dentists have paid a fee for participation in the service.

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- (3) The dental referral service does not impose a fee on the participating dentists dependent on the number of referrals or amount of professional fees paid by the patient to the dentist.
- (4) Participating dentists charge no more than their usual and customary fees to any patient referred.
- (5) The dental referral service registers with the Board of Dental Examiners of Alabama providing all the following information:
 - a. Name.
 - b. Street address.
 - c. Mailing address.
 - d. Telephone number.
 - e. Name of registered agent or persons responsible for the operation of the dental referral service.
 - f. Listing of other states where the dental referral service is registered.
 - g. A copy of the standard form contract that regulates its relationship with participating dentist.
- c) Participating dentists shall not enter into a contract or other form or agreement to accept for dental care or treatment a person referred or recommended for the care or treatment by a dental referral service unless the dental referral service meets all the requirements of this Section.
- d) A dental referral service that advertises shall include in each advertisement in legible or audible language, or both, a disclaimer containing all the following statements or information that:
 - (1) The participating dentist of the dental referral service is a dentist who has paid a fee to participate in the service.
 - (2) The advertisement is paid for by participating dentists.
 - (3) No representation is made about the quality of the dental service to be performed or the expertise of the participating dentists.
 - (4) Participating dentists are not more or less qualified than dentists who are not participating in the service.
- e) Dental referral service advertisements shall not do any of the following:
 - (1) Advertise or solicit patients in a manner that contains a false, fraudulent, misleading, or deceptive statement in any material respect.
 - (2) Publish or circulate, directly or indirectly, any false, fraudulent, misleading, or deceptive statement as to the skill or methods or practice of any participating dentist.
 - (3) Contain a statement or make a recommendation that the dental referral service provides referrals to the most qualified dentists or dental practices.
 - (4) Contain a review process or a screening.
 - (5) Contain qualifications or information verification that misleads the public into thinking a participating dentist has obtained special recognition or joined a selective group of licensed dentists by being a participating dentist in the dental referral service.
- (f) A violation of sections 34-9-15, 34-9-19, 34-9-28 or this section, including, but not limited to, advertising in any manner which is false, fraudulent, misleading, or deceptive, shall subject a participating dentist to possible administrative disciplinary actions outlined in Section 34-9-18, after notice and hearing by the Board of Dental Examiners of Alabama and the opportunity for judicial review as provided in this Article.

§ 34-9-20. Advertising; dentures, bridges, etc.

Any person, which word when used in this section shall include all legal entities not licensed to practice dentistry in this state, who shall advertise in any manner to the general public that he can or will sell, supply, furnish, construct, reproduce or repair prosthetic dentures, bridges, plates or other appliances to be used or worn as substitutes for natural teeth, or for the natural teeth, or for the

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regulation thereof, shall be guilty of a misdemeanor, and the Circuit Court shall have jurisdiction to enjoin such person from so doing.

§ **34-9-21. Prescriptions and impressions for dentures, plates, etc.**

Every duly licensed and registered dentist who employs the services of a commercial dental laboratory or private technician for the purpose of construction, altering, repairing or duplicating any denture, plate, crown, partial plate, bridge, splint, orthodontic or prosthetic appliance shall be required to furnish said commercial dental laboratory or private technician an impression or model taken by said dentist when necessary, together with a prescription setting forth the following:

- 1) The name and address of the commercial dental laboratory or private dental technician;
- 2) The patient's name or identification number, and if a number is used the patient's name shall be written upon the duplicate copy of the prescription retained by the dentist;
- 3) The date on which the prescription was written;
- 4) A description of the work to be done, with diagram if necessary;
- 5) A specification of the type and quality of materials to be used; and
- 6) The signature of the dentist and his license number.

Such prescription shall be made in duplicate form. The duplicate copy shall be retained in a permanent file for a period of two years by the dentist, and the original copy shall be retained on a permanent file for a period of two years by the commercial dental laboratory or private technician. Such permanent file of prescriptions to be kept by such dentists, commercial dental laboratory or private technician shall be open to inspection at any reasonable time by the board or its duly constituted agent. Failure of the dentist, commercial dental laboratory or private technician to keep such permanent records of prescriptions which are identifiable with each denture, plate, partial plate, bridge, splint, orthodontic or prosthetic appliance shall be prima facie evidence of a violation of this chapter and shall constitute and be punishable as a misdemeanor.

§ **34-9-22. Fraudulent diplomas, licenses or certificates.**

Whoever sells or offers to sell a diploma conferring a dental degree, or a license certificate or annual registration certificate granted pursuant to this chapter or prior dental act, or procures such diploma or license certificate or annual registration certificate with intent that it shall be used as evidence of the right to practice dentistry or dental hygiene as defined by law, by a person other than the one upon whom it was conferred or to whom such license certificate or annual registration certificate was granted, or with fraudulent intent alters such diploma or license certificate or annual registration certificate, or uses or attempts to use it when it is so altered shall be deemed guilty of a misdemeanor. The Board may impose any of the penalties outlined in section 34-9-18 against any person found guilty of making a false statement or cheating, or of fraud or deception either in applying for a license, a license certificate or annual registration or in taking any of the examinations provided for herein.

§ **34-9-23. Use of title.**

Any licensed dentist of this state being a graduate of a reputable dental school or college recognized by the Board shall have the right to use the title "doctor" or abbreviation thereof before his name, or appended to his name the letters "D.D.S," "D.M.D." or equivalent letters signifying the dental degree conferred upon him.

§ **34-9-24. Disciplinary actions; notice and statement of charges.**

No action to revoke or suspend a license shall be taken until the licensee has been furnished a statement in writing of the charges against him, together with a notice of the time and place of the hearing. The statement of charges and notice shall be served upon the licensee at least 20 days before the date fixed for hearing, either personally or by registered or certified mail sent to his last known post-office address.

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§ **34-9-25. Disciplinary actions; appeals.**

From any order of the Board imposing any of the penalties found in section 34-9-18, any party affected thereby may bring an action in the circuit courts to set aside said order on the ground that same is unlawful or arbitrary.

§ **34-9-26. Examinations.**

No person shall practice as a dental hygienist in this state until such person has passed an examination given by the Board under rules and regulations the board may promulgate. The fee for such examination shall be not less than one hundred dollars (\$100.00) nor more than two hundred dollars (\$200.00), and the license certificate fee shall be twenty-five (\$25.00). The Board shall issue licenses and license certificates as dental hygienists to those persons who have passed said examination and have been found qualified by the Board. The license certificate and annual registration certificate shall be displayed in the office in which the dental hygienist is employed. No person shall be entitled to a license and license certificate unless such person is 19 years of age and of good moral character. Each applicant for examination and license as a dental hygienist shall be a graduate of a school of dental hygiene which has been approved by the Board or in lieu thereof shall have served at least one year as a dental assistant and shall have served at least one year as a dental hygienist trainee under a training permit issued by the Board to a qualified dentist practicing in this state in accordance with the dental hygienist training program established by the Board of Dental Examiners of Alabama. Any person practicing in violation of this section shall be guilty of a misdemeanor, and the Board may impose the penalties outlined in section 34-9-18 for such violation.

§ **34-9-27. Dental hygienist; generally.**

A dental hygienist shall work only under the direct supervision of a duly licensed dentist practicing in this state. Dental hygienists may take, develop and mount oral X-rays; remove calcareous deposits, accretions or stains from the teeth, perform any intra-oral procedures allowed by rule or regulation of the Board of Dental Examiners of Alabama and assist a licensed dentist in his or her practice. Any person licensed by the Board under this section who has completed the curriculum for dental hygienists at a dental school approved by the Board shall have the right to use the title registered dental hygienist or the abbreviation thereof, "R.D.H." appended to his or her name signifying the license conferred. The Board may impose any of the penalties outlined in section 34-9-18 against any dentist who shall permit any dental hygienist working under his or her supervision to perform any operation other than those permitted under the provisions of this section, and may impose the penalties outlined in said section 34-9-18 against any dental hygienist who shall perform any operation other than those permitted under this section.

§ **34-9-28. Dental hygienists; change of address or employer; registration.**

It shall be the duty of all licensed dental hygienists to notify the secretary-treasurer of the Board of any change of address or employer and have issued to them an annual registration certificate by the Board. Any dental hygienist whose license shall be automatically suspended by reason of failure, neglect or refusal to secure the annual registration certificate may be reinstated by the Board upon payment of the penalty fee of one hundred dollars (\$100) plus the current year's registration fee. The form and method provided for in section 34-9-15 shall apply to the annual registration of dental hygienists.

§ **34-9-29. Injunctions.**

When it appears to the Board that any person is violating any of the provisions of this chapter, the Board may in its own name bring an action in the circuit court for an injunction, and said court of this state may enjoin any person from violating this chapter regardless of whether proceedings have been or may be instituted before the Board or whether criminal proceedings have been or may be instituted.

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For purposes of this section, person shall be deemed to include any individual, firm, partnership, corporation, professional association, professional corporation or other entity.

ARTICLE 2 BOARD OF DENTAL EXAMINERS

§ **34-9-40. Generally.**

(a) In order to accomplish the purposes and to provide for the enforcement of this chapter, there is hereby created the Board of Dental Examiners of Alabama. The Board is hereby vested with the authority to carry out the purposes and enforce the provisions of this chapter. On June 24, 1959, the members of the present Board now in existence shall hold office for the remainder of their respective terms for which they have been elected and thereafter until their successors are elected and qualified and shall constitute the Board under this chapter. The Board shall consist of five dentists who shall have been actively engaged in the practice of dentistry in the state of Alabama for at least five years next preceding the date of their election and one dental hygienist as provided in subsection (b). No member of the Board shall be a member of the faculty of any dental school, dental college, dental hygiene school or dental hygiene college or receive any financial benefits for teaching in any dental school, dental college, dental hygiene school, or dental hygiene college or have a financial interest in a commercial dental laboratory or a dental supply business. All elections shall be conducted by the Board. Any group of 10 or more licensed dentists, residing and practicing dentistry in the state, may nominate a candidate for the position of Board member by submitting a petition bearing their signatures to the secretary of the Board not later than the first day of July in the year of the election. The Board shall cause the election ballots to be mailed not later than September 1 in the year of the election to all the licensed dentists residing and practicing in the state and currently registered as prescribed by law, along with the annual registration form for the forthcoming fiscal year. Both annual registration form and ballot shall be returned to the secretary of the Board on or before October 1 each year, ballots being nullified unless accompanied by completed annual registration form and annual registration fee. Three members of the Board shall be present at the canvassing of the ballots. Any candidate receiving a majority of the votes shall be declared elected to the Board and will take the oath of office on or before October 15 in the year of his or her election. In the event no candidate receives a majority of the votes cast, the Board shall conduct a run-off election between the two candidates receiving the largest number of votes. The Board shall cause the ballots pertaining to the run-off election to be mailed on or before October 15 of the election year to all the licensed dentists residing and practicing in the state and currently registered as prescribed by law, and the ballots pertaining to the run-off election shall be received by the secretary of the Board on or before the first day of November in the year of the run-off election. In the event of a run-off election, the candidate receiving the largest number of votes in the run-off election shall be declared elected to the Board and shall immediately take the oath of office and begin his or her term of office. Each member so elected shall hold office for a period of five years, which term shall begin immediately upon taking an oath to properly and faithfully discharge the duties of his or her office and until his or her successor is elected and qualified, and the member so elected shall not at the expiration of the term be eligible to succeed himself or herself. It is the intent of the legislature that one (1) member of the Board shall be black. Vacancies on the board shall be filled by the Board by the appointment of the immediate past member of the Board, and if for any reason the immediate past member of the Board is unable to accept the appointment, then the Board shall fill the vacancy by a unanimous vote of the other Board members by the appointment of some other past member of the Board. Members of the Board shall be removed by a two-thirds vote of the registered dentists in the state for neglect of duty or any just cause, by petition to the secretary of the Board by 10 percent of the licensed dentists in the state. On or before July 1, 1962, the Board shall send a copy of this section to all licensed dentists in the state.

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(b) (1) One member of the Board shall be a licensed dental hygienist. The dental hygienist member shall be of good moral and ethical character and shall have been actively engaged in the practice of dental hygiene in the State of Alabama for at least five years preceding the date of election. No dental hygienist member shall be a member of the faculty of any dental school, dental college, dental hygiene school or dental hygiene college or receive any financial benefits for teaching in any dental school, dental college, dental hygiene school or dental hygiene college or have a financial interest in a commercial dental laboratory or dental supply business while serving on the board.

(2) The dental hygienist member shall be elected as follows:

(a.) Any group of 10 or more licensed dental hygienists, residing and practicing dental hygiene in the State of Alabama, may nominate a candidate for the dental hygienist position by submitting a petition bearing their signatures to the secretary of the Board no later than the first day of July in the year of an election. The Board shall cause election ballots to be mailed no later than September 1 in the year of an election to all licensed dental hygienists residing and practicing in the state and currently registered as prescribed by law. The ballot shall be returned to the secretary of the Board on or before October 1 each year and the ballots will be nullified unless the voter has complied with Section 34-9-28, concerning annual registration.

(b.) Three members of the Board shall be present at the canvassing of the ballots. Any candidate receiving a majority of the votes shall be the dental hygienist member and shall take the oath of office on or before October 15 in the year of his or her election. In the event no candidate receives a majority of the votes cast, the Board shall conduct a run-off election between the two candidates receiving the largest number of votes. The Board shall cause the ballots pertaining to any run-off election to be mailed on or before October 15 of the election year to all licensed dental hygienists residing and practicing in the state and currently registered as prescribed by law, and the ballots pertaining to the run-off election shall be received by the secretary of the Board on or before the first day of November in the year of any run-off election. In the event of a run-off election, the dental hygienist receiving the largest number of votes in the run-off election shall be declared elected to the Board and shall immediately take the oath of office and begin his or her term of office.

(c) All elections as described above shall be conducted by the Board.

(3) The dental hygienist member shall be removed by a two-thirds vote of the registered dental hygienists in the state for neglect of duty or any just cause by petition to the secretary of the board by 10 percent of the licensed hygienists in the state.

(4) The dental hygienist member shall hold that position for a period of five years, which term shall begin immediately upon taking an oath to properly and faithfully discharge the duties of his or her office and continue until his or her successor is elected and qualified, and the member so elected shall not at the expiration of the term be eligible to succeed himself or herself. If a vacancy occurs in the position of dental hygienist, the unexpired term shall be filled by the Board by the appointment of the immediate past dental hygienist member. If for any reason the immediate past dental hygienist member is unable to accept the appointment, then the Board shall fill the vacancy by a unanimous vote of the other Board members by the appointment of some other past dental hygienist member. If a vacancy occurs and there is not an immediate past dental hygienist member or other past dental hygienist member, the vacancy shall be filled by a unanimous vote of the Board by the appointment of some otherwise qualified dental hygienist.

(5) The dental hygienist member shall advise the Board on matters relating to dental hygiene and shall only be permitted to vote on matters relating to dental hygiene. The Board shall provide the dental hygienist member with timely notice of all Board meetings and the dental hygienist member shall be allowed to attend all meetings unless prohibited by law from attendance at any disciplinary hearings. The Board shall not adopt any rule relating to the practice of dental hygiene unless the proposed rule has been submitted to the dental hygienist member for review and comment at least 30 days prior to its adoption. The dental hygienist member shall be entitled to the

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same compensation and expenses paid to dentist members of the board pursuant to Section 34-9-41.

(6) Any dentist or dental hygienist who has been found guilty of violating this chapter or any provision of a dental practice act of any other state and as a result his or her license was revoked, suspended, or placed on probation or who has been convicted of a felony shall not be eligible for election or membership on the Board for a period of five years from the date of the final order or consent order.

§ **34-9-41. Officers - Seal - Meetings - Compensation and expenses - funds.**

The Board shall annually elect from its membership a president, vice-president and secretary-treasurer and may employ a secretary who is not a member of the Board, and it shall not be necessary that the secretary be a dentist. The Board shall have a common seal. The Board shall hold an annual meeting in Birmingham at the University of Alabama School of Dentistry as soon as practical after the graduation exercises of the dental school for the purpose of examining applicants for a license to practice dentistry and dental hygiene or at such other times and places as the Board may designate for the purpose of transacting its business and examinations. Three members of the Board shall constitute a quorum for the transaction of business at any meeting except, that, in conducting hearings involving any of the penalties outlined in section 34-9-18 and examinations of licensure, five members of the Board shall be present. In conducting examinations or hearings involving any of the penalties outlined in section 34-9-18, a majority of the Board may appoint any former member of the Board and such other licensed practicing dentists who for such purposes shall have all the powers and privileges of such office as a regular Board member possesses. Out of the funds of the Board the members thereof shall receive as compensation a sum to be fixed by the Board for each day actively engaged in the duties of their office, and in addition Board members shall receive the same per diem and travel allowance as is paid by law to state employees for each day actively engaged in the duties of their office. The secretary-treasurer shall receive such compensation as may be fixed by the board, which shall be in addition to his per diem and expenses, provided no per diem or expenses shall be allowed unless his duties require his absence from his office. The secretary shall receive such compensation as may be fixed by the Board. The secretary-treasurer shall be custodian of all property, money, records and the official seal of the Board. All money received by the Board under this chapter shall be paid to and received by the secretary-treasurer of the Board. The secretary-treasurer shall deposit to the credit of the Board all funds paid to the Board in a bank selected by its members. The Board is authorized to expend such funds as shall be necessary to enforce the provisions of this chapter; to pay salaries, expenses and other costs herein provided; to promote the arts and science of dentistry; and for such other purposes as the Board shall consider to be in the best interest of dentistry in this state. All the costs herein provided for shall be paid by checks drawn by the secretary-treasurer and countersigned by the president of the Board; except the Board may authorize the administrative secretary to sign checks for costs that do not exceed a monetary limit to be set by the Board in its rules. Should the property be other than money, the secretary-treasurer shall provide for the safekeeping thereof for the use of the Board. All money, including license fees, annual renewal license certificate fees, examination fees and any and all other fees and receipts under the provisions of this chapter, are hereby appropriated to the Board of Dental Examiners to be used as herein provided.

§ **34-9-42. Bond for secretary-treasurer - Report and audit - American Association of Dental Examiners.**

The secretary-treasurer of the Board shall give bond in such sum as may be prescribed by the Board, conditioned to faithfully and honestly discharge the duties of said office according to law, which bond shall be made payable to the Board of Dental Examiners of Alabama and held in the custody of the president of said Board. The secretary-treasurer of the Board shall compile an annual report which shall contain an itemized statement of all money received and disbursed and a summary of the official

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acts of the Board during the preceding year, and said report shall have attached thereto a certified report and audit made by a certified public accountant of the State of Alabama. A copy of said report and audit shall be filed of record in the office of the Department of Finance of the State of Alabama, and a copy shall be retained by the secretary-treasurer to be rendered upon request, to the dentists at large in the State of Alabama. The Board may affiliate with the American Association of Dental Examiners, may pay dues to the said association and may send all members of the Board to the meetings of said association. Such delegates may receive the per diem herein provided for attending such meetings and reimbursement for necessary expenses audited and allowed by the Board.

§ 34-9-43. Powers and duties.

The Board shall exercise, subject to this chapter, the following powers and duties:

- 1) Adopt rules for its government as deemed necessary and proper.
- 2) Prescribe rules for qualification and licensing of dentists and dental hygienists.
- 3) Conduct examinations to ascertain the qualification and fitness of applicants for licenses as dentists and dental hygienists.
- 4) Make rules and regulations regarding sanitation.
- 5) Formulate rules and regulations by which dental schools and colleges are approved, and formulate rules and regulations by which training, educational, technical, vocational, or any other institution which provides instruction for dental assistants, dental laboratory technicians, or any other paradecimal are approved.
- 6) Grant licenses, issue license certificates, teaching permits, and annual registration certificates in conformity with this chapter to such qualified dentists and dental hygienists.
- 7) Conduct hearings or proceedings to impose the penalties specified in Section 34-9-18.
- 8) a. Employ necessary persons to assist in performing its duties in the administration and enforcement of this chapter, and to provide offices, furniture, fixtures, supplies, printing, or secretarial service to these persons and expend necessary funds.
b. Employ an attorney or attorneys, subject to the approval of the attorney general, to advise and assist in the carrying out and enforcing of the provisions of this chapter.
- 9) a. Investigate alleged violations of this chapter and institute or have instituted before the Board or the proper court appropriate proceedings regarding the violation.
b. Authorize and employ investigators who comply with the Peace Officers' Minimum Standards and Training Act to exercise the powers of a peace officer in investigating alleged violations of the drug or controlled substances laws by persons licensed pursuant to this chapter, including the powers of arrest and inspection of documents. These investigators shall not be paid a subsistence allowance by the Board.
- (10) Adopt rules and regulations to implement this chapter.
- (11) Publish annually the rules and regulations promulgated by the Board, a copy of the Dental Practice Act, and to publish at least every two years a list of all persons licensed to practice under this chapter.
- (12) Attend meetings, seminars, work shops, or events that may improve the function and efficiency of the Board or improve the ability of the Board to enforce and administer this chapter.

§ 34-9-43.1. Administration and enforcement of duties of the board.

- (a) The Alabama Board of Dental Examiners may employ investigators, attorneys, agents, and any other employees and assistants to aid in the administration and enforcement of the duties of the board. The board may request assistance from the Attorney General, district attorneys, or other prosecuting attorneys of this state in the various circuits and counties. All prosecuting attorneys throughout the state shall assist the board, upon request, of either, in any action for injunction or any prosecution without charge of additional compensation.

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(b) The board may employ consultants to render professional services such as, but not limited to , reviewing records and providing expert testimony in contested cases to aid the board in carrying out its lawful responsibilities. Consultants shall be compensated for professional services at rates established by the board by rule. In addition, consultants shall be reimbursed by actual reasonable expenses for travel, lodging, meals, long distance telephone expense, and other expenses reasonably incurred in the performance of the consultant's professional services.

§ **34-9-44. Records.**

The secretary-treasurer of the Board shall keep a registry in which shall be entered the names of all persons to whom license certificates have been granted under this chapter, the numbers of such license certificates, the dates of granting the same and other matters of records, and he shall keep a true and correct copy of the minutes of all Board meetings, and the book so provided and kept shall be the official book of records. A photostatic copy of said records or a copy of said records certified by the secretary-treasurer and under the seal of the Board shall be admitted in any of the courts of this state as prima facie evidence of the facts contained in said records and in lieu of the original thereof. A certificate under the hand of the secretary-treasurer and the seal of the Board that there is not entered in such record books the name and number of and date of granting such license certificate to a person charged with a violation of any of the provisions of this chapter shall be prima facie evidence of the facts contained therein. Such certificates shall be admitted in any of the courts of this state in lieu of the records of the Board. The original books, records and papers of the Board shall be kept at the office of the secretary-treasurer of the Board, which office shall be at such place as may be designated by the Board.

§ **34-9-45. Prosecution of violations.**

The Board and its members and officers shall assist prosecuting officers in the enforcement of this chapter, and it shall be the duty of the Board, its members and officers to furnish the proper prosecuting officers with such evidence as it or they may ascertain to assist them in the prosecution of any violation of this chapter, and the Board is authorized for such purposes to make such reasonable expenditures from the funds of the Board as it may deem necessary to ascertain and furnish such evidence.

§ **34-9-46. Subpoenas.**

In all matters pending before it, the Board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, and records, documentary evidence and materials for other evidence. Any person failing or refusing to appear to testify regarding any matter about which he may be lawfully questioned or to produce any papers, books, records, documentary evidence or materials or other evidence in the matter to be heard, after having been required by order of the Board or by a subpoena of the Board to do so, may, upon application by the Board to any circuit judge of the state of Alabama, be ordered to comply therewith; and, upon failure to comply with the order of said circuit judge, the said court may compel obedience by attachment as for contempt as in case of disobedience of a similar order or subpoena issued by said court. The president and secretary-treasurer of the Board shall have authority to issue subpoenas, and any Board member shall have the authority to administer oaths to witnesses, or to take their affirmation. A subpoena or other process of paper may be served upon any person named therein, anywhere within the state of Alabama with the same fees and mileage by any officer authorized to serve subpoenas or such other process or paper in civil actions, in the same manner as is prescribed by law for subpoenas issued out of the circuit courts of this state, said fees and mileage and other costs to be paid as the Board directs.

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§ 34-9-47. Depositions.

Depositions may be taken within or without the state of Alabama in the manner provided for by the laws of Alabama and the Alabama Rules of Civil Procedure for the taking of depositions in matters pending in the circuit courts of this state. Said depositions shall be returnable to the clerk of the circuit court of the county wherein said hearing before the Board is pending, and said clerk shall deliver said deposition to the Board upon request, and said depositions may be opened or used by the parties to said proceedings the same as is provided for in matters pending before the circuit courts. The circuit court shall, upon request of any interested party in any proceedings before the state board, issue commissions for the taking of depositions in the same manner as is provided for the issuance of commissions for the taking of depositions in matters pending before the circuit courts of this state.

ARTICLE 3. USE OF ANESTHESIA BY DENTISTS.

§ 34-9-60. Generally.

Any person licensed to practice dentistry in the state of Alabama shall be authorized to use anesthesia in accordance with the provisions of this section.

(1) All dentists are authorized to use local anesthesia.

(2) Twelve months after May 29, 1985, no dentist shall use general anesthesia on an outpatient basis for dental patients, unless such dentist possesses a permit of authorization issued by the Board of Dental Examiners.

a. In order to receive such permit, the dentist must apply on a prescribed application form to the Board of Dental Examiners, submit an application fee to be determined by the Board of Dental Examiners not to exceed \$750.00 and produce evidence showing that he or she:

1. Has completed a minimum of one year of advanced training in anesthesiology and related academic subjects (or its equivalent) beyond the undergraduate dental school level in a training program as described in part II of the guidelines for teaching the comprehensive control of pain and anxiety in dentistry; or

2. Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery, or is a member of the American Association of Oral and Maxillofacial Surgeons; or

3. Employs or works in conjunction with a qualified medical doctor who is a member of the anesthesiology staff in an accredited hospital, provided that such anesthesiologist must remain on the premises of the dental facility until any patient given a general anesthetic regains consciousness and is discharged; and

4. Has a properly equipped facility for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team shall be determined by the Board of Dental Examiners as outlined below.

b. Prior to the issuance of such permit, the Board of Dental Examiners, at its discretion, may require an on-site inspection of the facility, equipment and personnel to determine if, in fact, the aforementioned requirements have been met. This evaluation shall be carried out in a manner prescribed by the Board. The evaluation shall be conducted by a team of three examiners appointed by the Board of Dental Examiners. These examiners shall be dentists who are authorized to administer general anesthesia. If the results of the initial evaluation are deemed unsatisfactory, upon written request of the applicant, a second evaluation shall be conducted by a different team of examiners.

(3) Each dentist who is licensed to practice dentistry in the state on May 29, 1985, who desires to continue to use general anesthesia shall make application on the prescribed form to the Board of Dental

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Examiners within 12 months of May 29, 1985. If he meets the requirements of this section, he shall be issued such a permit. If said applicant does not meet the requirements of paragraph a. of subdivision (2) of this section, he may be entitled to a "general anesthesia permit" provided said applicant passes to the satisfaction of the Board an on-site inspection as provided for in paragraph b. of subdivision (2) of this section.

(4) Each dentist who has not been using general anesthesia prior to May 29, 1985, may be granted by the Board a temporary provisional permit based on the applicant's producing evidence that he or she has complied with paragraph a. of subdivision (2) of this section above pending complete processing of the application and thorough investigation of an on-site evaluation as described in paragraph b. of subdivision (2) of this section.

§ 34-9-61. Review and renewal of permit.

a. Any dentist holding a permit of authorization issued by the Board of Dental Examiners shall be subject to review and such permit must be renewed annually.

b. The Board shall, with fee to be determined by the Board not to exceed \$200.00, renew the general anesthesia permit annually unless the holder is informed in writing that a reevaluation of his credentials and facility is to be required. In determining whether such reevaluation is necessary, the Board shall consider such factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences. Such reevaluation shall be carried out in the manner described in paragraph b. of subdivision (2) of section 34-9-60.

§ 34-9-62. Cardiopulmonary resuscitation certification.

Any dentist using general anesthesia, and his auxiliary personnel shall be currently certified in cardiopulmonary resuscitation.

§ 34-9-63. Parenteral sedation permits; generally.

The issuance of a permit for general anesthesia shall include the privilege of administering parenteral sedation in accordance with this section. The issuance of a permit for parenteral sedation shall include the privilege of administering intravenous sedation. All current intravenous sedation permit holders are entitled to a parenteral sedation permit subject to the renewal and regulatory provisions afforded to the Board of Dental Examiners by this chapter. The term parenteral sedation shall not include the use or regulation of nitrous oxide.

(1) After August 1, 1993, no dentist shall use parenteral sedation on an outpatient basis for dental patients unless the dentist possesses a permit of authorization issued by the Board. The dentist applying for or holding the permit shall be subject to on-site inspections as provided in paragraph b. of subdivision (2) of section 34-9-60.

a. In order to receive the permit, the dentist shall:

1. Apply on a prescribed application form to the Board.
2. Submit a fee to be determined by the Board not to exceed seven hundred fifty dollars (\$750).
3. Produce evidence showing that he or she has satisfied each of the following requirements:
 - (i). Received formal training in the use of parenteral sedation from a Board approved training program, is competent to handle all emergencies relating to parenteral sedation, and is currently certified in cardiopulmonary resuscitation. The certification of the formal training shall specify the total number of hours, the number of didactic hours, and the number of patient contact hours. The required number of didactic hours and of patient contact hours shall be determined by the Board.
 - (ii). Equipped a proper facility for the administration of parenteral sedation, staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with procedures, problems, and emergencies incident to the sedation procedure.

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- b. Adequacy of the facility and the competency of the sedation team shall be determined by the Board.
 - c. Prior to the issuance of a permit, the Board may require an on-site inspection of the facility, equipment, and personnel to determine if, the requirements of this section have been met. This evaluation shall be performed as provided in subdivision (2) of this section.
- (2) Each dentist who is licensed to practice dentistry in the state on or after August 1, 1993, who desires to continue to use parenteral sedation shall make application on the prescribed form to the Board within 12 months of August 1, 1993. If he or she meets the requirements of this section, or currently holds a valid intravenous sedation permit, he or she shall be issued such a permit subject to all renewal and regulatory requirements of Section 34-9-64. If the applicant does not meet the requirements of paragraph a. of subdivision (1) of this section, or does not currently hold a valid intravenous sedation permit, he or she may be entitled to a "parenteral sedation permit" if the applicant passes, to the satisfaction of the Board, an on-site inspection. The inspection shall ascertain that the dentist has a properly equipped facility for the administration of parenteral sedation, staffed with a supervised team of auxiliary personnel capable of reasonably assisting the dentist with incidental procedures, problems, and emergencies. The Board, in conducting the on-site inspection and evaluations required in this section, shall appoint a team of three examiners who shall be dentists certified to administer parenteral sedation in accordance with this article.
- (3) A dentist utilizing parenteral sedation and the auxiliary personnel of the dentist shall be currently certified in cardiopulmonary resuscitation.
- (4) Each dentist who has not been using parenteral sedation prior to August 1, 1993, may, pending complete processing of an application and a thorough on-site evaluation, be granted a temporary provisional permit by the Board, if the applicant produces evidence that he or she has complied with this section.

§ **34-9-64. Parenteral sedation permits; renewal reevaluation.**

The Board shall renew the parenteral sedation permit annually, unless the holder is informed in writing that a reevaluation of his or her credentials and facility is necessary. In determining whether the reevaluation is necessary, the Board shall consider any factors as it deems pertinent including, but not limited to, patient complaints and reports of adverse occurrences. The reevaluation shall be performed as provided in paragraph b. of subdivision (2) of Section 34-9-60. The Board shall set the fee to renew a parenteral sedation permit in an amount not to exceed seven hundred fifty dollars (\$750)."

§ **34-9-65. Mortality or injury reports - Rules and regulations - Penalties.**

- (a) All licensees engaged in the practice of dentistry in the state must submit a complete report within a period of 30 days to the Board of Dental Examiners of any mortality or other incident occurring in the outpatient facilities of such dentist which results in a permanent physical or mental injury of said patient as a direct result of general anesthesia or sedation techniques.
- (b) The Board of Dental Examiners shall have authority to adopt rules and regulations implementing and enforcing the provisions of this section.
- (c) Violation of any provision of this section shall subject the dentist to the penalties outlined in section 34-9-18 and no order imposing those penalties shall be made or entered except after notice and hearing by the Board as provided in chapter 9, Title 34. Such order shall be subject to judicial review as provided by such chapter.

§ **34-9-80. Definitions.**

As used in this article, the following terms shall have the following meanings:

- (1) ANALGESIA. The diminution or elimination of pain in the conscious patient.
- (2) ANXIOLYSIS. A pharmacological induced state, oral or inhalation, where a patient experiences a diminution of anxiety.

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- (3) BOARD. The Alabama Board of Dental Examiners
- (4) ENTERAL. Any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa (i.e., oral, rectal, sub lingual).
- (5) INHALATION. A technique of administration in which a gaseous or volatile agent is introduced into the pulmonary tree and the primary effect is due to absorption through the pulmonary bed.
- (6) LOCALIZED ANESTHESIA. The elimination of sensations, especially pain, in one part of the body by the topical application or regional injection of a drug.
- (7) ORAL CONSCIOUS SEDATION. A depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and to respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or nonpharmacological method or a combination thereof. An oral conscious sedation permit is not required for the use of inhalation nitrous oxide following the administration of a medication given only for the purpose of diminution of anxiety.

§ 34-9-81. Required permits.

In order to administer oral conscious sedation, a dentist must possess a general anesthesia permit, a parenteral sedation permit, or an oral conscious sedation permit from the board. In order to receive an oral conscious sedation permit, the dentist must apply on a prescribed application form to the board and submit an application fee to be determined by the board. The dentist applying for the permit must show evidence that he or she has done at least one of the following:

- (1) Has completed an American Dental Association accredited postgraduate general dentistry or specialty residency program which included specific training in oral conscious sedation.
- (2) Has completed a minimum of 16 hours' training in oral conscious sedation in a course approved by the board.
- (3) Has certification of training in oral conscious sedation by any entity or organization approved by the board.

§ 34-9-82. Required procedures and equipment.

- (a) A dentist using oral conscious sedation must comply with all of the following requirements:
 - (1) Patients to be treated under oral conscious sedation must be suitably evaluated prior to the start of any sedation procedure. Using the American Society of Anesthesiologists Patient Physical Status classifications the dentist should determine that the patient is an appropriate candidate for oral conscious sedation.
 - (2) The patient or guardian must be advised regarding the procedure associated with the delivery of any sedative agents and the appropriate informed consent should be obtained.
 - (3) Inhalation equipment used in conjunction with oral conscious sedation must be evaluated prior to use on each patient. Determination of adequate oxygen supply must be completed prior to use with each patient.
 - (4) Appropriate verbal or written preoperative and postoperative instructions must be given to the patient or guardian.
 - (5) Baseline vital signs should be obtained unless the patient's behavior prohibits such determination.
 - (6) Pretreatment physical evaluation should be performed as deemed appropriate.
 - (7) All medications and dosages used during an oral conscious sedation procedure must be recorded in the patient's record of treatment.
 - (8) An emergency cart or kit must be readily accessible and must be available for immediate use during any sedation procedure.
 - (9) The only classification of drugs for sedation to be administered enterally by a responsible adult procedurally outside the treatment facility is minor tranquilizers. Minor tranquilizers (i.e. hydroxyzine or diazepam) do not include chloral hydrate or narcotics.

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(10) Direct clinical observations and monitoring of the patient by a staff member must be continuous during the recovery period. The dentist shall assess the patient's responsiveness and must determine that the patient has met discharge criteria prior to leaving the office and the patient must be discharged into the care of a responsible person.

- (b) It shall be incumbent upon the operating dentist to insure that the patient is appropriately monitored. A sedated patient must be continuously kept under direct clinical observation by a trained individual. The sedated patient's oxygen saturation must be monitored by pulse oximetry. Chest excursions must be observed and the color of mucosa and skin continually evaluated. Back-up emergency services should be identified and a protocol outlining necessary procedures for their immediate employment should be developed and operational for each facility.
- (c) Any dentist utilizing oral conscious sedation procedures must have a properly equipped facility staffed with a supervised team of allied dental personnel who will be appropriately trained and capable of reasonably assisting the dentist with procedures, problems, and emergencies incident thereto. When inhalation equipment is used, in combination with orally administered sedatives, it must have a fail safe system that is appropriately checked and calibrated. The inhalation equipment must have the capacity for delivering 100 percent oxygen, and never less than 25 percent oxygen. A system for delivering oxygen must be available and must have adequate full-face mask and appropriate connectors, and be capable of delivering oxygen under positive pressure to the patient. Inhalation equipment must have a scavenging system. Suction equipment must be available that allows aspiration of the oral and pharyngeal cavities. A stethoscope and sphygmomanometer with cuffs of appropriate size shall be immediately available.

§ 34-9-83. Cardiopulmonary resuscitation (CPR) certification required; two people must be present.

Allied dental personnel who assist dentist during oral conscious sedation procedures must be currently certified in cardiopulmonary resuscitation. During a sedation procedure, at least one additional person must be present in addition to the dentist. This may be a chair side dental assistant.

§34-9-84. Adverse consequence report required.

Any adverse consequence occurring with oral conscious sedation shall be reported to the board as required with general anesthesia and parenteral sedation.

§ 34-9-85. Advertisements

The availability of oral conscious sedation, if advertised, shall be done without referring to sleep, snooze, or any other expression indicating a total or partial loss of consciousness.

§ 34-9-86. Inspection of personnel and facility.

The board, prior to issuance of a permit for oral conscious sedation, may require an on-site inspection of the personnel, the facility, and the equipment to determine if the requirements of this article have been met. The inspection shall be determined by the board and shall reflect the principles of peer review.

§ 34-9-87. Oral conscious sedation permit; use of general anesthesia or parenteral sedation not authorized.

A dentist who holds only an oral conscious sedation permit may not use or administer general anesthesia or parenteral sedation, or both, as those terms are used in this chapter.

§ 34-9-88. Oral conscious sedation permit; renewal.

This permit must be renewed annually and an annual fee determined by the board shall be paid for the renewal of a permit at the time of license renewal.

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§ 34-9-89. Oral conscious sedation of children.

When oral conscious sedation is used on any patient under 12 years of age the following provisions shall apply:

- (1) The drugs, dosages, and techniques used should carry a margin of safety which is unlikely to render the patient noninteractive and nonarousable.
- (2) In offices where pediatric patients are treated, appropriately sized emergency equipment must be available.

§34-9-90. Penalties.

Violation of any provision of this article shall subject the dentist to the penalties in §34-9-18 and no order imposing those penalties shall be made or entered except after notice and hearing by the board as provided by that section. Such order shall be subject to judicial review.

IMPAIRED PROFESSIONALS COMMITTEE**§ 34-38-1. Definitions.**

For the purpose of this chapter, the following terms shall have the meaning respectively ascribed to them by this section, unless the context clearly provides for another:

- (1) DENTIST. Any person who is a dentist or dental practitioner pursuant to the definition of section 6-5-481, as amended.
- (2) PHARMACIST. Any person who is a pharmacist as defined in section 34-23-1, as amended, and pharmacy externs and interns registered by the Board of Pharmacy under Rule 680-X-2.16 of the Alabama Administrative Code.
- (3) BOARDS. Individually and/or jointly: the Board of Dental Examiners and the Board of Pharmacy.
- (4) COMMITTEE. The Alabama Impaired Professional's Committee.
- (5) HYGIENIST. Any person who is a hygienist pursuant to the provisions of sections 34-9-26 and 34-9-27.

§ 34-38-2. State Board of Dental Examiners; duties - State Board of Pharmacy; duties - Committee; established.

It shall be the duty and obligation of the State Board of Dental Examiners and the State Board of Pharmacy to promote the early identification, intervention, treatment and rehabilitation of individuals within the respective jurisdiction, licensed to practice in the state of Alabama, who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, controlled substances, alcohol, chemicals or other dependent forming substances, or as a result of any physical or mental condition rendering such person unable to meet the standards of his or her profession. For the purposes of this chapter, the term "impaired" shall mean the inability of a dentist, hygienist or pharmacist to practice with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, controlled substances, alcohol, chemicals or other dependent forming substances, or as a result of any physical or mental condition rendering such person unable to meet the standards of his or her profession. In order to carry out this obligation, each Board, individually or jointly, is hereby empowered to contract with any non-profit corporation, health provider or professional association for the purpose of creating, supporting and maintaining a committee of professionals to be designated the Alabama Impaired Professionals Committee. The committee shall consist of not less than three nor more than fifteen professionals licensed to practice dentistry or pharmacy in the State of Alabama, and selected in a manner prescribed by the board or boards. The authority of the Alabama Impaired Professionals Committee shall not supersede the authority of the board or boards to take disciplinary action against individuals subject to this chapter. Nothing in this chapter shall limit the power and authority of the board or boards to discipline an impaired individual subject to its jurisdiction; provided that where an individual is impaired and currently in need of intervention, treatment or rehabilitation and such individual is currently participating in programs or rehabilitation recommended by the Committee, then in its discretion, the board or boards may refrain from taking or continuing disciplinary action against such individuals; and further provided that where the board or boards, upon reasonable cause to believe an individual subject to its jurisdiction is impaired, has referred such individual to the Committee for evaluation, then in its discretion, the board or boards may refrain from taking or continuing disciplinary action against such individual. The board, or boards, is authorized to expend such funds as are available to it as deemed necessary to adequately provide for the operational expenses of the Alabama Impaired Professionals Committee, including, but not limited to, the actual cost of travel, office overhead and personnel expense and compensation for the members of the Committee and its staff; provided that operational expenses of the Alabama Impaired Professionals

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Committee shall not include the cost of treatment or rehabilitation programs recommended by the Committee to individuals subject to this chapter. The funds provided by the board or boards, under this section for the purposes stated herein shall not be subject to any provision of law requiring competitive bidding.

§ **34-38-3. Boards; agreements.**

The board or boards shall have the authority to enter into an agreement with a nonprofit corporation, health provider or professional association for the Alabama Impaired Professionals Committee to undertake those functions and responsibilities specified in the agreement. Such functions and responsibilities may include any or all of the following:

- (1) contracting with providers of treatment programs;
- (2) receiving and evaluating reports of suspected impairment from any source;
- (3) intervening in cases of verified impairment;
- (4) referring impaired professional to treatment programs;
- (5) monitoring the treatment and rehabilitation of impaired professional;
- (6) providing post-treatment monitoring and support of rehabilitated impaired professional; and
- (7) performing such other activities as agreed upon by the respective Board or Boards and the Alabama Impaired Professionals Committee.

§ **34-38-4. Committee procedures.**

The Alabama Impaired Professionals Committee shall develop procedures in consultation with such board or boards for:

- (1) periodic reporting of statistical information regarding Alabama Impaired Professionals Committee activity;
- (2) periodic disclosure and joint review of such information as the board or boards may deem appropriate regarding reports received, contracts or investigations made and the disposition of each report, provided, however, that the committee shall not disclose any personally identifiable information except as provided in section 34-38-7.

§ **34-38-5. Committee personnel liability.**

Any dentist licensed to practice in the state of Alabama, or pharmacist, who shall be duly appointed to serve as a member of the Alabama Impaired Professionals Committee and any auxiliary personnel, consultants, attorneys, or other employees of the committee shall not be liable to any person for any claim for damages as a result of any decision, opinion, investigation or action taken by the committee or any individual member of the committee made by him within the scope of his function as a member of the committee if such decision, opinion, investigation or action was taken without malice and on a reasonable belief that such action or recommendation was warranted by the facts that were then available. No nonprofit corporation, professional association, health provider or state or county association that contracts with, or received funds from board or boards for the creation, support and operation of the Alabama Impaired Professionals Committee shall be liable to any person for any claim for damages for any action taken or recommendation made by the Alabama Impaired Professionals' Committee, or any member thereof, or any auxiliary personnel, consultant, attorney, or employee of such committee.

§ **34-38-6. Confidentiality of information.**

All information, interviews, reports, statements, memorandums, or other documents furnished to or produced by the Alabama Impaired Professionals Committee and any findings, conclusions, recommendations or reports resulting from the investigations, interventions, treatment or rehabilitation, or other related proceedings of such committee are declared to be privileged and confidential. All records and proceedings of such committee shall be confidential and shall be used by such committee,

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the members thereof and the boards, only in the exercise of the proper functions of the committee and the boards, and shall not be public records nor available for court subpoena or for discovery proceedings. Nothing contained herein shall apply to records made in the regular course of business of an individual; documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the Alabama Impaired Professionals Committee.

§ **34-38-7. Reports.**

It shall be the duty of the Alabama Impaired Professionals Committee to render an annual report to each board or boards, concerning the operations and proceedings of the committee for the preceding year. In addition, the committee shall promptly report to the respective boards any individual within their jurisdiction who, in the opinion of the committee is unable to practice the standards of his or her profession with reasonable skill and safety to patients, by reason of illness, inebriation, excessive use of drugs, controlled substances, narcotics, alcohol, chemicals or other dependent forming substances, or as a result of any physical or mental condition rendering such person unable to meet the standards of his or her profession and appears that such individual is currently in need of intervention, treatment or rehabilitation. A report to the Alabama Impaired Professionals Committee shall be deemed to be a report to the board or boards for the purpose of any mandated reporting of professional impairment otherwise provided for by the statutes of this state.

§ **34-38-8. Evaluations.**

If the board or boards has reasonable cause to believe that a professional is impaired, such board may cause an evaluation of such professional to be conducted by the Alabama Impaired Professionals Committee, for the purpose of determining if there is an impairment. The Alabama Impaired Professionals Committee shall report the findings of its evaluation to the respective board or boards.

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Chapter 270-X-1 INTERNAL BOARD MATTERS

270-X-1.01 Oath of Office. Pursuant to Code of Alabama 1975, 34-9-40: each member of said Board, after his election or appointment, and before entering upon the discharge of the duties of his office, shall take the following oath of office to be administered by the president as follows. "I, , solemnly swear that I will support the constitution of the United States, and the constitution of the State of Alabama, so long as I continue a citizen thereof; and that I will faithfully and honestly discharge the duties of the office upon which I am about to enter, to the best of my ability. So help me God." Authority: Code of Alabama, (1975) § 34-9-40 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-1.02 Parliamentary Usage. The Board of Dental Examiners of Alabama in the deliberations of its business sessions, shall be governed by parliamentary usage; and Roberts Rules of Order shall be accepted as authority. Authority: Code of Alabama, (1975) § 34-9-43. Adopted as revised: September 25, 1982.

270-X-1.03 Duties of the Secretary-Treasurer.
(1) The Secretary-Treasurer shall keep a record of all meetings of the Board of Dental Examiners of Alabama. The place of each meeting of the Board, names of the members present, all official acts of the Board, and the votes shall be recorded in the minutes. The minutes shall be presented for approval or amendment at the next meeting of the Board, which upon approval will be signed by the Secretary-Treasurer. The minutes, not including any section relating to the good name or character of an individual, shall be open to public inspection. Authority: Code of Alabama, (1975) § 34-9-41, 34-9-42, 34-9-43 (1) (10) and 34-9-44. Adopted September 28, 1985.

270-X-1.04 Administrative Secretary. The Board may, at its discretion, permit the Administrative Secretary to sit in all board meetings for the purpose of recording the minutes and other data necessary to carry on the business of the Board. Authority: Code of

Alabama 1975, 34-9-41 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-1.05 All Correspondence by Secretary-Treasurer. All correspondence relative to board matters shall be forwarded to the Secretary-Treasurer's office for reply, except that when a Board member shall have been assigned the handling of some specific case or matter he also may attend to such correspondence as may be required. When such matter is settled, said member shall forward all data relating to the case or matter to the office of the Secretary-Treasurer for filing.

Authority: Code of Alabama, (1975) § 34-9-43. Adopted as revised: September 25, 1982.

270-X-1.06 Assistant Dentists to Aid the Board. At the discretion of the Board, there may be appointed duly qualified licensed dentists to assist the Board in conducting the dental and dental hygiene examinations or any other lawful functions. Priority will be given to past Board members.

Authority: Code of Alabama, (1975) § 34-9-41 and 34-9-43. Adopted as revised: Sept. 25, 1982.

270-X-1.07 Travel Allowances for Board Members.

(1) Board members shall be reimbursed expenses for In State travel in accordance with the State Expense Law.

(2) Board members shall be reimbursed for actual expenses on authorized Out of State travel.

Authority: Code of Alabama, (1975) § 34-9-41 and 34-9-43. Adopted as revised: Sept. 25, 1982.

270-X-1.08 Meetings of the Board.

(1) The Board of Dental Examiners of Alabama shall comply with all the requirements of Code of Alabama (1975) 34-9-41 concerning their meetings.

(2) The Secretary-Treasurer shall keep a record of all meetings of the Board of Dental Examiners of Alabama. The place of each meeting of the Board, names of the members present, all official acts of the Board, and the votes shall be recorded in the minutes. The minutes shall be presented for approval or amendment at the next meeting

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of the Board, which upon approval will be signed by the Secretary-Treasurer. The minutes, not including any section relating to the good name or character of an individual, shall be open to public inspection.

(3) All meetings of the Board of Dental Examiners of Alabama, not including any part relating to the good name or character of an individual, shall be open and public. Reports of investigations or complaints alleging violation of any law or rule, documents subpoenaed by the Board, reports of any investigators or investigative agency appointed or employed by the Board, memorandum or reports of the Board's counsel, memorandum or reports of the Board's counsel relating to investigations or complaints alleging violation of any law or rule, statements of persons interviewed by the Board or any committee or member thereof unless made at public hearing, reports of information received by the Board or any member thereof in confidence, reports of sensitive personnel records or information, reports of pending criminal investigations or reports or information the disclosure of which would be detrimental to the best interests of the public shall be considered privileged and confidential and shall not be disclosed except to an agent, attorney or employee of the Board of Dental Examiners of Alabama. The foregoing non-public records or writings shall not be subject to subpoena except upon the express order of a court of competent jurisdiction. Authority: Code of Alabama, (1975) § 34-9-41, 34-9-42, 34-9-43 (1) (10) 34-9-44, 13(a). Adopted September 28, 1985.

270-X-1.09 Check Signing Authority of Administrative Secretary. The Administrative Secretary of the Board of Dental Examiners of Alabama is authorized to sign checks on behalf of the Board for costs or expenses that do not exceed Twenty-five Hundred Dollars (\$2500.00). Authority: Code of Alabama, (1975) § 34-9-41 and 34-9-43. Adopted: Feb. 21, 2001.

Chapter 270-X-2 DENTISTS

270-X-2.01 Education Requirements for Examination-Dentists.

(1) Pre-Dental. A minimum of three years academic study of ninety (90) semester hours or its equivalent. This will include a minimum of:

Biology.....	8 hours
Chemistry hours.....	16 hours
Physics.....	8 hours
Mathematics.....	6 hours
Non-Science.....	30 hours

(12 of which must be English)

(2) Must be a graduate of a School or College of Dentistry approved by the Board.

(3) Must successfully complete the National Dental Board Examinations Parts 1 and 2 administered by the Joint Commission on National Dental Examinations.

(4) A person's failure to satisfy paragraph 1 above shall not prevent that person from taking the dental licensure examination provided for in the Alabama Dental Practice Act, Code of Alabama, (1975) § 34-9-1, et seq. provided that person has satisfied the requirement of paragraph 2 above.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-3, 34-9-10 and 34-9-43. Adopted as amended April 8, 1989. Amended Feb. 11, 2005

270-X-2.02 Applications for Dental License, Qualifications of Applicants and Licensing of Persons Licensed in Other States.

(1) All applicants for dental examination must file his or her application, giving first, middle, and last name, and all credentials pertaining to the examination fee and certificate fee in an amount set by the Board, with the Secretary-Treasurer not less than thirty (30) days prior to the date of the examination.

(2) Applications not complete with all credentials or received after the closing dates will be returned or rejected.

(3) Applicants are to be requested to file application by registered mail with a return receipt requested.

(4) Fees are not refundable.

(5) All applicants for licensure shall also comply with the provisions of Code of Alabama, (1975) § 34-9-10.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-3, 34-9-10, 34-9-16 and 34-9-43.

RULES OF THE BOARD OF DENTAL EXAMINERS OF ALABAMA

Adopted as revised: September 25, 1982.
Amended February 18, 2003 Effective March 26, 2003

270-X-2.03 Licensure of Foreign Graduates.

(1) Definitions.

(a) "Graduate of a Foreign Dental School" shall mean any person of good moral character, 19 years of age or more, who has been graduated and admitted to the degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or other equivalent degree by any university or college authorized to grant said degree located in any country other than the United States, its' territories, districts, or possessions, or the Dominion of Canada.

(b) "Applicant" shall mean any person applying for licensure pursuant to the provisions of this rule and of any applicable provisions contained in Chapter Nine, 34 of the Code of Alabama, (1975).

(c) "Board" shall mean the Board of Dental Examiners of Alabama.

(2) Requirements for Licensure. In addition to meeting the requirements set forth in the Code of Alabama, (1975) § 34-9-10 with respect to moral character, age, and graduation, the applicants shall submit the following credentials to the Board:

(a) An application, completed and verified by the oath of the applicant, upon such form as the Board may from time to time prescribe and furnish to the applicant, accompanied by a recent unmounted autographed photograph of the applicant.

(b) Evidence satisfactory to the Board that the applicant has completed at least three (3) years of pre-professional post-secondary academic training and four (4) years of professional training in the field of dentistry.

(c) At least two (2) academic years of formal clinical training in a United States or Canadian accredited institution and the awarding or receiving of a D.M.D. or D.D.S. degree from said United States or Canadian accredited institution shall be required.

(d) A copy of the degree or diploma issued to the applicant by the college or university conferring the same, properly authenticated

by an official of said college or university authorized to make such authentication.

(e) A copy of the subjects taken and the credits earned by the applicant and his courses at such college or university, duly authenticated by an official of said college or university authorized to make such authentication.

(f) In the event that the degree, diploma, or transcript required be furnished the Board hereunder such will be in a language other than the English language, each such document shall be accompanied by a translation thereof into the English language, which such translation shall be certified by an officer or other individual acceptable to the Board.

(g) Some form of documentation duly and properly authenticated by an official authorized to make such authentication, that the applicant has completed at least two (2) academic years of formal training in a United States or Canadian accredited institution and has received a D.M.D. or D.D.S. degree from said United States or Canadian accredited institution.

(h) Two letters of recommendation written by persons acceptable to the Board which shall certify to the Board the good moral character of the applicant and his age, qualifications, background and experience, if any.

(3) Reciprocity. In the event that the applicant has been tested, licensed or qualified in some other State of the United States or its' districts, territories, or possessions, the Board may, but shall not be obligated to, accept the pretesting credentials and evidence submitted to such other States provided that such credentials and pretesting meet the minimum standards of the Board as set forth in this rule and by law.

(4) Fees. An applicant shall submit to the Board with his application, a fee to be determined by the Board within the limits set by law.

(5) Time Limitations. An applicant shall take the Board's regular examination within one (1) year of the time that he has made

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application to the Board and satisfactorily completed the pre-examination requirements set forth in this rule, otherwise, his application and any other requirements that he has failed to meet shall be deemed to be lapsed and void.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-3, 34-9-10 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-2.04 Fees for Dental Applicants.

- (1) Fees are not refundable.
- (2) Applicant failing first examination may be re-examined upon completion of forms furnished by the Secretary-Treasurer. Applicants will not be permitted to take third examination except by unanimous consent of the Board.
- (3) Re-examination fee shall be in an amount fixed by the Board. Authority: Code of Alabama, (1975) § 34-9-2, 34-9-3, 34-9-10, 34-9-16, and 34-9-43. Adopted as revised: September 25, 1982.

270-X-2.05 Examination Rules and Issuance of Licenses.

- (1) No person other than members of the Board of Dental Examiners and applicants for licensure shall be present in the rooms when and where examinations, either written, clinical or laboratory procedures are being conducted except by permission of examiner in charge.
- (2) Any applicant found guilty of receiving or giving aid during the theoretical, operative clinical, or prosthetic laboratory examination will be dismissed. Dismissal will constitute a failure.
- (3) No Smoking is allowed during examinations.
- (4) Examination paper will be furnished by the Board; no other paper of any kind, or textbooks, will be allowed in the examination room.
- (5) All written examinations must be written in the English language.
- (6) Board members are not permitted to interview applicants who have failed the examination. All such matters shall be directed to the Secretary-Treasurer in writing by the applicant.
- (7) Board members are not permitted to disclose grades made by any applicant to anyone other than the applicant.

(8) When an applicant for licensure successfully passes the written or clinical examination, that passing grade shall carry over and be valid until the next available examination.

(9). In addition, examinations shall be conducted and licenses issued in compliance with Code of Alabama, (1975)§34-9-11. Authority: Code of Alabama, (1975)§34-9-2, 34-9-3, 34-9-11, 34-9-41 and 34-9-43. Adopted as revised May 7, 1999

270-X-2.06 Replacement Certificate.

- (1) Proper proof must be submitted to the Board that the original certificate was lost or destroyed.
- (2) Duplicate certificate must be marked "Replacement Certificate".
- (3) Replacement certificate should contain date that original certificate was issued and must be signed by the entire Board and contain date duplicate is issued.
- (4) Fee of \$25.00 Authority: Code of Alabama, (1975) § 34-9-2, 34-9-3, 34-9-13, 34-9-16 and 34-9-43. Adopted as revised: Sept. 25. 1982.

270-X-2.07 Annual Registration for Dentists.

- (1) The Secretary-Treasurer of the Board shall mail to each such licensee, on or before September 1st of each year, a registration form which contains space for the insertion of his or her name, address, date and number of his license certificate and such other information as the Board shall deem necessary.
- (2) On or before the first day of October of each year, every dentist licensed to practice in the State of Alabama shall transmit to the Secretary of the Board the completed form prescribed by the Board, together with the annual registration fee.
- (3) Any license and license certificate previously granted shall automatically be suspended if the holder fails to secure the annual registration certificate before January 1st of each year.
 - (a) The annual registration fee for the dentists shall be in an amount fixed by the Board.
- (4) Any dentists whose license shall be automatically suspended for reason of failure, neglect or refusal to secure the annual registration certificate shall be reinstated by the Board upon payment of the penalty fee of Two hundred and fifty (\$250.00) dollars plus all

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accrued annual registration fees up to a maximum of five years accompanied with the prescribed form of annual registration of such license.

(5) The Board shall waive the annual payment of fees and issue a current annual registration certificate to any licensee who because of age or physical disability has retired from the practice of dentistry or who is suffering a malady of a lingering or permanent nature. This waiver shall be effective so long as the retirement or these conditions continue. The licensee shall provide any documentation required by the Board to establish eligibility for this waiver.

The Board shall also waive annual registration and the payment of annual fees while any licensee is on temporary active duty with any of the armed forces of the United States and the waiver of fees shall be effective so long as temporary active duty continues. For purposes of this rule, temporary active duty shall not exceed three (3) years.

(6) All licensed dentists shall also comply with the provisions of Code of Alabama, (1975) § 34-9-15.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-3, 34-9-15 and 34-9-43. Adopted as revised: January 23, 1998.

270-X-2.08 Grounds for Refusal, Suspension or Revocation of Dental License. The Board may refuse to issue the license or license certificate provided for in Code of Alabama 1975, 34-9-1, et seq., or may impose any of the penalties outlined in Code of Alabama 1975, 34-9-18 (b), whenever, it shall be established to the satisfaction of the Board, after a hearing as provided for in Code of Alabama 1975, 34-9-18, Code of Alabama 1975, 34-9-24 and the Alabama Administrative Procedures Act, that any licensed dentist has been guilty of any of the provisions of Code of Alabama 1975, 34-9-1, et seq., including but not limited to **Code of Alabama 1975**, 34-9-18. Authority: **Code of Alabama 1975**, 34-9-2, 34-9-18, 34-9-24 and 34-9-43. Adopted as amended April 8, 1989.

270-X-2.09 Change of Address of Licensed Dentists. All licensed dentists upon changing

his/her place of practice shall comply with Code of Alabama 1975, 34-9-14.

Authority: Code of Alabama, (1975) § 34-9-14 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-2.10 Teaching Permits. Teaching permits shall only be issued in compliance with Code of Alabama, (1975) § 34-9-8.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-8, 34-9-16 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-2.11 Alabama Uniform Controlled Substances Act.

(1) Pursuant to the Alabama Uniform Controlled Substances Act, specifically, Code of Alabama 1975; 20-2-50 and 20-2-52, it shall be necessary for all licensed dentists who dispense, administer, prescribe, maintain or otherwise have in their possession controlled substances to annually register with the Board of Dental Examiners of Alabama and obtain a State Controlled Substance Number from said Board. (2) This State Controlled Substance Number must appear on prescription blanks as well as the Drug Enforcement Agency Number. Every written prescription issued in this state by a licensed dentist shall contain two signature lines. Under one signature line shall be printed clearly the words "product selection permitted." The licensed dentist shall communicate instructions to the pharmacist by signing on the appropriate line.

(3) Registration under this rule will be due at the same time as the annual license registration to practice dentistry. In order to obtain a state controlled substances number the dentist must possess a current and valid registration from the United States Drug Enforcement Agency.

(4) The fee for registration and the State Controlled Substance Number shall be an amount to be fixed by the Board.

(5) Any licensed dentist dispensing, administering, prescribing, maintaining, or possessing controlled substances who have not registered or obtained a State Controlled Substance Number will be deemed in violation of the Uniform Controlled Substances Act and will be subject to the penalties prescribed by law.

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Authority: Code of Alabama, (1975) § -9-2 and 34-9-43, Code of Alabama, (1975) § 20-2-22, 20-2-50, 20-2-51, 20-2-52 and 20-2-54. Adopted as revised: Sept. 25, 1982. Amended March 3, 2006

270-X-2.12 Maintenance of Controlled Substances Records and Inventory. Beginning on January 1, 1983, every dentist certified to dispense controlled substances by the Board of Dental Examiners of Alabama shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances in Schedules II, IIN, III, IIIN, IV and V dispensed in their offices. The inventory shall account for all controlled substances obtained or received by the dentist's office or the dentist regardless of whether the said controlled substances were purchased or obtained at no cost.

- (1) The dispensing record shall contain the following information:
 - (a) the date the controlled substance was dispensed;
 - (b) the method by which the controlled substance was dispensed (i.e., administered in office or released to patient);
 - (c) the name of the controlled substance dispensed (trade name or generic name);
 - (d) the name of the patient to whom the controlled substance was dispensed;
 - (e) the quantity of the controlled substance dispensed.
- (2) The inventory and separate dispensing record required by this Rule shall be kept in the office of the dentist for a period of five (5) years from the date the controlled substances are dispensed and shall be made available for inspection by agents of the Board of Dental Examiners of Alabama or any law enforcement agency.
- (3) Failure to maintain and make available the inventory and separate dispensing record required by this Rule shall be considered a failure to maintain effective controls against diversion of controlled substances into other than legitimate dental channels.
- (4) Whenever any dentist desires or is required to dispose of any controlled

substances located in his office, he shall do so in accordance with the procedure for the disposing of controlled substances established by the Drug Enforcement Agency or pursuant to any rules or regulations promulgated by that agency.

Authority: Code of Alabama, (1975) § 34-9-2 and 34-9-43, Code of Alabama, (1975) § 20-2-2, 20-2-50, 20-2-51, 20-2-52 and 20-2-54. Adopted October 24, 1988.

270-X-2.13 Statement of Charges and Notice of Hearing Before Revocation or Suspension of a Dental License. No imposition of any of the disciplinary penalties set forth and outlined in Code of Alabama 1975, 34-9-18 (b) shall be taken until the licensee has been furnished a statement in writing of the charges against him/her and with a notice of the time and place of the hearing. The statement of charges shall be in compliance with Code of Alabama, (1975) § 34-9-24 and Code of Alabama, (1975) § 41-22-12. Authority: Code of Alabama, (1975) § 34-9-2, 34-9-24; 34-9-43; 41-22-12. Amended April 8, 1989.

270-X-2.14 Change of Name on License Certificate.

- (1) Any individual desiring a replacement certificate must notify the Board in writing and enclose the following:
 - (a) The reason for a replacement certificate.
 - (b) Original license certificate, if available.
 - (c) Fee of \$25.00
- (2) The original license certificate will be destroyed, upon issuance of a replacement certificate, so marked as replacement. Authority: Code of Alabama, (1975) § 34-9-2, 34-9-4, 34-9-16 and 34-9-43. Adopted as revised: Sept. 25, 1982.

270-X-2.15 Standards for Infection Control in Dental Offices

All dental offices must conform to and comply with the current recommendations and guidelines of the Centers for Disease Control and Prevention (C.D.C.) relating to infection control practices for dentistry and/or dental offices. The recommendations and guidelines of the C.D.C. may be obtained from the United States

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Department of Health and Human Services, Public Health Service or through the Board of Dental Examiners of Alabama. It is the responsibility of all currently licensed dentists, dental hygienists, dental assistants and all other personnel who are utilized by a licensed dentist and who assist in a dental practice and may be exposed to body fluids such as blood or saliva to maintain familiarity with these recommendations and guidelines. Authority: Code of Alabama, (1975) § 34-9-2, Code of Alabama, (1975) § 34-9-18(8), Code of Alabama, (1975) § 34-9-43(4). Adopted as revised: June 19, 2003; amended July 11, 2003, effective Aug 15, 2003

270-X-2.16 Training and Educational Requirements for the Use of Parenteral Sedation.

(1) In order to satisfy the formal training requirements imposed by law for the issuance of a parenteral sedation permit, a dentist must have completed a minimum of sixty (60) hours of instruction and the management of at least the number of patients recommended by the American Dental Association's Council on Dental Education. The hours of instruction must cover the following areas:

- (a) Patient evaluation and medical risk assessment;
- (b) Management of medical emergencies, including the principals and techniques of advanced life support; and
- (c) Parenteral conscious sedation techniques. The training program attended by the dentist must be approved as acceptable for training in parenteral sedation by the Board of Dental Examiners of Alabama.

Authority: Code of Alabama, (1975) § 34-9-43(10), 34-9-63(1)(a)(1), 34-9-65(b). Adopted as revised December 10, 1993.

270-X-2.17 Criteria for On-Site Inspection for the Use of General Anesthesia and Parenteral Sedation

(1) This rule contains the procedures, criteria and information which the inspecting team shall observe, gather or use in determining whether a dentist's facilities, equipment and personnel have satisfied the requirements imposed by law and this rule for the issuance of a general anesthesia

or a parenteral sedation permit. This determination shall be made based upon the following procedures, criteria and information:

(A) Clinical Use of Parenteral Sedation and/or General Anesthesia

Three procedures utilizing Parenteral Sedation and/or General Anesthesia should be observed. At least two procedures should be performed. This portion of the evaluation should not exceed two hours. No evaluation can be considered complete unless this part is included.

(B) Simulated Emergencies

The evaluators and the dental team should not just talk about the emergency situations and how they should be managed. The dentist and his team must perform an actual demonstration of their method for managing the following situations.

1. Laryngospasm
2. Bronchospasm
3. Emesis and aspiration of vomitus
4. Management of foreign bodies in the airway
5. Angina pectoris
6. Myocardial infarction
7. Cardiopulmonary resuscitation
8. Hypotension
9. Hypertensive crisis
10. Acute allergic reaction
11. Hyperventilation syndrome
12. Convulsion of unknown etiology
13. Syncope
14. Malignant hyperthermia

The simulated emergency procedures are to be demonstrated in the operatory with full participation of the office staff. An exact simulation of the emergency situation should be demonstrated.

(C) Office Equipment, Records, and Emergency Medications

All office equipment and records related to patient care should be available for inspection by the visiting doctors. Specific attention should be directed to the following areas:

1. The oxygen and supplement gas-delivery system - backup system
2. Provision for suction and backup system

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3. Auxiliary lighting system
4. The gas storage facilities
5. Suitability of the operatory
6. Patient transportation equipment (if used)
7. Recovery area
8. Sterilization areas
9. Preparation of medications
10. Completeness of emergency anesthetic equipment and medications
11. Completeness of office patient-care records
12. Monitoring equipment

Outline of Information that Should be Obtained and Recorded in the Patient's Record File:

The information should provide a data base that aids in treatment planning and selection of the anesthetic/sedation and furnish needed data in the event that unexpected physiologic change occurs during the course of surgical/operative procedure. Patients are reassured and apprehension reduced by the knowledge that surgery/operative procedure is being managed carefully by a competent team with a sincere interest in their problem.

The need to develop a data base to substantiate the choice of therapy selected is essential. A written record of this evaluation is a requirement for proper patient care.

This section sets forth the core of material that should be obtained and recorded. This should serve as a reference to the knowledgeable dentist as he reviews his own standards for patient evaluation.

Vital Statistics: Vital statistics are the most basic information in the office record. They should include:

- (a) Patient's full name
- (b) Address - home and work
- (c) Telephone - home and work
- (d) Date of birth
- (e) Sex
- (f) Marital status (name of spouse)
- (g) Occupation
- (h) Name of parent or guardian, if patient is a minor.

Frequently, office records include additional basic information such as social security number, name of insurance carrier, and other facts related to the business functions of a dental practice.

These items do not properly make up a portion of the vital statistics record but may be included for convenience.

Patient Evaluation (Medical History):

The patient's chief complaint, followed by history of the present illness or a statement about the patient's problem should be recorded. The history should fulfill two basic requirements:

1. It must elicit the core medical information which will enable the dentist to identify the poor risk patient.
2. It should provide written evidence that the process of patient evaluation did occur and that the treatment was logical.

The following core questions should be on any medical history:

1. Are you now, or have you ever been, under a physician's care during the past five years?
2. Are you currently under a doctor's orders or taking any medication?
3. Do you have any allergies, or are you sensitive to any drugs such as penicillin, Novocain, aspirin or codeine?
4. Do you bleed excessively after a cut, wound, or surgery?
5. Are you subject to fainting, dizziness, nervous disorders, convulsions, or epilepsy?
6. Have you ever had any breathing difficulty such as asthma, emphysema, chronic cough, pneumonia, tuberculosis, or any other lung disorders?
7. Have you ever had any of the following illnesses?

Heart problems _____
Stroke _____
Rheumatic fever _____
Hepatitis or liver disease _____
Kidney disease _____
High blood pressure _____
Diabetes _____
Anemia _____

The Core Physical Examination: Vital signs include blood pressure, pulse rate, respiratory rate, and body temperature. Preoperative blood pressure and pulse rate measurements should be made and documented on the patient's record. Temperature should be taken and recorded when one suspects it is elevated and could affect the treatment plan.

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Laboratory Data: Laboratory studies, such as complete blood count, blood chemistries, and urinalysis, are not a routine part of the preoperative outpatient evaluation in the dental office. These tests may be requested by the dentist for specific problems.

Summary of Data that Should be in the Office Record

1. A written medical history containing the vital statistics and core medical information.
2. An examination chart with the proposed procedure clearly indicated and the probable complications written on that record.
3. A consent for the proposed procedure. In some localities, written consent for proposed dental or surgical procedures commonly is not obtained. However, it is strongly recommended.
4. When indicated, adequate radiographs should be available and should delineate clearly the areas to be treated.
5. A record of the anesthesia/sedation must be made. This may be combined with the operative record, or it may be a separate form. In either event, the anesthetic and other agents, and amounts given, must be indicated. Preoperative vital signs should be recorded and any unusual reaction or complications should be documented. Starting and ending times for anesthesia should be recorded. The members of the surgical/operative team present during the procedure should be noted.
6. A record of the prescriptions given should be included. A duplicate copy of the prescription is preferred. A separate note on the operative record indicating the above information is satisfactory if duplicate prescriptions are not being used.

(D) **Office Facilities and Equipment:** This section deals with the physical requirements for conducting office anesthesia/sedation.

The fundamental physical requirements for the anesthesia/sedation facility are:

1. The operating room/operatory
2. The operating table or dental chair
3. Lighting system
4. Suction equipment
5. Oxygen and supplemental gas-delivery systems

6. Sterilization area
7. Recovery area
8. Gas storage area

The Operating Room/Operatory: The operatory should be large enough to adequately accommodate the patient on a table or in a dental chair and permit the anesthesia/sedation team, consisting of the dentist and two or three trained assistants, to move freely about the patient.

The Operating Table or Dental Chair: The most important features of the table or chair are that it permits the patient to be positioned so the anesthesia team can maintain the airway, allows quick alteration of patient position in an emergency, provides a firm platform for the management of cardiopulmonary resuscitation, and provides easy access to the patient's oral cavity.

Lighting Systems: Room lighting must be adequate to permit evaluation of the patient's skin and mucosal color.

Provision for auxiliary lighting in the event of power failure in the operatory is most important. Backup lighting should be battery powered and of sufficient intensity to permit completion of any procedure under way at the time of general power failure.

Suction Equipment: Aspiration may be provided either by a portable suction unit or by a central suction installation. It is important to provide for auxiliary suction in the event the pump or electrical power fails.

If the electrical power should fail, suction can be provided by a unit functioning on the Venturi principle. A simple, water-powered laboratory suction device that attaches to a convenient water supply or a unit that creates suction by the flow of oxygen may be installed. Sources of light and suction not dependent on electrical current are important. Multiple suction tips, including tonsil suction tips, should be in the operatory.

Oxygen and Supplemental Gas-Delivery System: The fundamental requirement is a unit capable of delivering metered oxygen under positive pressure.

Gas outlets for remote delivery systems must be coded to prevent accidental administration of the wrong gas. Fail-Safe

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mechanisms on anesthetic machines are desirable and encouraged.

Parenteral Agents and Supplies: Specific guidelines must be established by the dentist for the auxiliary personnel for the care and handling of these agents. Aseptic procedures must be rigidly followed in the mixing and use of these agents. Disposable extension tubes and syringes are recommended. All syringes containing injectable materials must be labeled to insure proper identification.

Records in the Operating Room / operatory: It is important that the medical data base, including history and physical examination of the patient undergoing an office anesthetic/sedation procedure, be available for review by the anesthesia/sedation team prior to any procedure. Findings of significance should be known to all members of the team.

An anesthesia/sedation record should be maintained before, during, and after any anesthetic/sedation procedure. This record, ideally, should include vital signs of the patient, drugs and amounts administered, length of the procedure, names of the personnel in the room, and any complications that might occur during the anesthetic or sedation procedure.

Emergency-Airway Equipment and Agents: Basic airway equipment must be available immediately to the office anesthesia/sedation team. These items may be in the operatory or on a portable device that can be brought immediately to the patient's side. Emergency airway equipment should include the following:

1. Full face mask
2. Oral and nasopharyngeal airways
3. Endotracheal tubes (various sizes for children and adults)
4. A laryngoscope (with reserve batteries and bulbs)
5. Equipment for performing a coniotomy or tracheostomy.

Having adequate emergency drugs and equipment in good working order, along with a plan of action, to deal with an office emergency are essential.

Monitoring Equipment: Heart sound and/or pulse monitoring and oximetry throughout any operative or surgical procedure

conducted under any form of parenteral sedation or general anesthesia will be mandatory. Acceptable dental and anesthetic practice dictates that all patients be monitored continually when sedation or general anesthetic agents are employed.

Patient Recovery: Patients should be retained in the surgery area until all protective reflexes have fully returned unless the dental staff is in immediate attendance at all times in the recovery area to continue vital-sign and airway observations. Maximum safety is attained when the patient recovers in the operating room and walks with assistance to the recovery area.

The major requirement for the recovery area is that the staff must be able to observe a patient recovering from a general anesthetic or sedation procedure, and that there must be room to treat any emergency situation. Consideration should be given to providing oxygen under pressure, adequate lighting, suction, and the presence of electrical outlets for connecting cardiac monitoring and defibrillating equipment.

Communications: It is important that the dental team has a method of communication with other members of the office staff in an emergency. It is preferable to have the telephone numbers of an ambulance service or a paramedic squad and the nearest hospital readily available. These numbers should be displayed prominently and their location known to the office staff.

Drug and Instrument Preparation and Storage Area: An adequate outpatient facility should contain a sterilization area conducive to the sterile preparation and storage of drugs used in anesthesia/sedation. There should be provision for refrigeration to store such drugs as succinylcholine, certain antibodies, and anesthetic agents. The sterilization area should include a secure storage site for narcotics and other dangerous drugs.

(E) Monitoring

Anesthetics/sedatives may directly or indirectly alter the metabolic, electrolyte, or hemodynamic parameters in various tissues and organ systems. The quantitative and qualitative changes produced are directly dependent on various factors, such as the pharmacologic properties of the agents, autonomic response, concentration, mode of administration, tissue

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perfusion, and metabolism and excretion of the agent (biotransformation).

The various methods and physiologic parameters used in monitoring patients should be designed to detect immediately the changes produced either by dental stimulation or the anesthetics or sedatives employed. This information allows for alteration of the anesthetic management to minimize or prevent any adverse reactions inducted by the stress of the procedure, anesthesia, or preexisting systemic disease.

Acceptable anesthetic practice dictates that all patients must be monitored when anesthetics/sedation are employed. The accuracy and reliability of the data obtained from monitoring will make possible early recognition of problems and their proper treatment. Thus, the doctor must obtain, evaluate and interpret all the available preoperative information and establish a diagnosis prior to treatment. He must be continually alert in observing the patient's status and in making a moment-to-moment assessment of the patient's condition so he can make the necessary adjustments.

Strict reliance on measuring a single physiologic parameter not only may be misleading but also potentially hazardous. For example, the diagnosis of acute myocardial infarction by electrocardiography can not always be made immediately, but may be delayed 12 to 18 hours or may not even be possible. Alteration in the ECG tracing may be very subtle. Thus, vital signs, symptoms, and clinical judgment are of paramount importance in establishing the diagnosis. As a rule, no single symptom may be diagnostic of a particular condition, but rather the "total patient" must be evaluated in respect to the various signs and symptoms.

The primary step in total patient monitoring begins with a review of the past and most recent medical history. The importance of the medical history cannot be overemphasized, because many of the potential hazards and pitfalls of anesthesia and surgery can be circumvented when the dentist has evaluated thoroughly the patient's medical status and its relevance to the proposed anesthesia and treatment.

The classic vital signs of blood pressure, cardiac rate and rhythm, respiratory exchange,

and temperature are the standard physiologic parameters to be used in monitoring the patient, baseline determinations are imperative.

A monitor can be defined as one who or that which watches and warns. Monitoring methods may be either mechanical (e.g., E.C.G., B.P.) or non-mechanical (visual observations). Mechanical monitors have disadvantages but serve as adjuncts to alert the practitioner to any change in the patient's status. The non-mechanical methods of monitoring involve close observation of the patient. Is the patient breathing? What is the character of the respiratory pattern, i.e., depth, rate, rhythm? Is the respiratory exchange unobstructed? What is the patient's color? What is the color of the blood? These observations will give some information as to the adequacy or deficiency of the "oxygen carrier system" which is comprised of the blood components, the respiratory system, and heart action. The degree of autonomic tone and perfusion may be inferred by observing the patient's color and temperature. The patient with increased sympathetic tone and marked peripheral vasoconstriction as a result of stress, decreased blood pressure or decreased cardiac rate will have pallor and coolness of the extremities. These signs and symptoms will not necessarily pinpoint the exact etiology but, when coupled with mechanical methods of monitoring (i.e., blood pressure, pulse, or electrocardioscope), will help establish the diagnosis and facilitate treatment.

It is recommended that some method of mechanical monitoring be used with every patient. Blood pressure and cardiac rate are the vital signs most frequently monitored during the preanesthetic/presedation and intra- and postoperative interval. If any unforeseen reaction should occur with alteration or depression of the vital signs, the magnitude of the baseline shift may be determined and appropriate therapy begun.

An example of the importance of the magnitude of the baseline shift of vital signs can best be illustrated by the patient with hypertensive cardiovascular disease. If the individual with a resting blood pressure of 170/90 suffers a drop in systemic pressure to 120/70, he may greatly compromise his cerebral

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and coronary perfusion even though a blood pressure of 120/80 is regarded as very acceptable in the normotensive individual.

The type of mechanical monitor is not of paramount importance. Individual preference will determine the physiologic modalities to monitor. In some instances, use of some mechanical monitor in conjunction with the non-mechanical method is recommended for optimal patient care. Continuous heart-sound and/or pulse monitoring and oximetry is required throughout a dental procedure conducted under any form of parenteral sedation or general anesthesia.

1. Monitoring of Respiration
 - (a) Pretracheal stethoscope—least expensive means of continuously monitoring rate and volume of ventilation.
 - (b) Electronically enhanced pretracheal stethoscope with speaker.
 - (c) Oximetry
2. Monitoring of Heart Rate
 - (a) Precordial stethoscope—least expensive means of continuously monitoring heart rate, rhythm and heart sounds.
 - (b) Pulse monitor—inexpensive electrical pick-up of peripheral pulse recorded digitally.
 - (c) Plethysmograph—electrical pick-up of peripheral pulse. The pulse wave form is displayed on an oscilloscope (indication of stroke volume and cardiac output); the heart rate and rhythm are recorded as well.
 - (d) Electrocardioscope (ECG)—Electrical activity of heart is picked up, usually centrally, and recorded graphically on an oscilloscope. The heart rate and rhythm are also evident.
3. Monitor of Blood Pressure (Systolic pressure, diastolic pressure, mean arterial pressure and heart rate are recorded)
 - (a) Sphygmomanometer and stethoscope—least expensive way to monitor blood pressure.
 - (b) Numerous manufacturers produce equipment to do this automatically. The machine can be set to monitor as frequently as you choose. Several

manufacturers have recorders for this information. The continuous record during the procedure can be part of your anesthetic record.

4. Oximetry

(a) Oximeter—using a peripheral (finger or toe) electrical pickup. The oxygen saturation of the arterial hemoglobin is measured and recorded; in addition most equipment records the quality and rate of peripheral pulse. This technique is noninvasive. Its accuracy has been established by comparison with invasive arterial oxygen saturation studies.

Oximetry provides not only evidence of peripheral perfusion but also it indicates that the blood is sufficiently saturated with oxygen to provide for adequate cellular respiration.

(F) Personnel

For conscious sedation, the practitioner, responsible for treatment of the patient and/or administration of the drugs must be appropriately trained in the use of this modality. The minimum number of people involved must be two, i.e., the dentist or other licensed professional and an assistant trained to monitor appropriate physiologic variables.

For deep sedation or general anesthesia, at least three individuals, each appropriately trained, are required. One is the operating dentist, who directs the deep sedation or general anesthesia. The second is a person whose responsibilities are observation and monitoring of the patient; if this person is an appropriately trained professional, he or she may direct the deep sedation or general anesthesia. The third person assists the operating dentist.

(2) The Board shall appoint examiners for the purpose of conducting the on-site inspections of dental facilities, equipment and personnel. Any on-site inspection shall be conducted by a team of three examiners. All examiners appointed by the Board for the purpose of inspecting applicants for a general anesthesia permit shall be dentists who are authorized to administer general anesthesia. All examiners appointed by the Board for the purpose of inspecting applicants for a parenteral sedation permit shall be dentists who are authorized to administer

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parenteral sedation. The examiners shall receive as compensation and expenses while in the performance of their duties the same amount paid to members of the Board and under the same terms and conditions.

If upon an initial application for the issuance of a permit for the administration of general anesthesia or parenteral sedation, the primary office of a dentist(s) has received a satisfactory on-site inspection and the dentist(s) also applies for the issuance of a permit to administer General Anesthesia or Parenteral Sedation at a secondary office(s) or location(s), any on-site inspection thereof shall be limited only to the dental facility and equipment provided that the same personnel satisfactorily evaluated at the primary office(s) of the dentist(s) will be engaged or involved in the administration of general anesthesia or parenteral sedation at the said secondary office(s) or location(s). If upon a request for renewal by a dentist(s) of a permit to administer general anesthesia or parenteral sedation at both his primary and secondary office(s) or location(s), the Board of Dental Examiners of Alabama determines that an on-site inspection of these office(s) or location(s) is required, the same procedure as outlined above in relation to the initial application for these permits shall be utilized.

(3) The examining team shall submit to the Board the report of their on-site inspection within 14 days from the date of said inspection. If the results of the initial evaluation are deemed unsatisfactory, upon written request of the dentist, a second evaluation shall be conducted by a different team of examiners.

AUTHORITY: Code of Alabama, (1975) § 34-9-43(10); 34-9-60(2) (a) (4); 34-9-60(2) (b); 34-9-63(1) (b) (c), 34-9-65(b). Adopted as revised December 10, 1993.

270-X-2.18 The Practice of Dentistry Across State Lines.

(1) **Definitions:** The following definitions shall apply to these rules.

(a) **PRACTICE OF DENTISTRY ACROSS STATE LINES.** The practice of dentistry across state lines means the practice of dentistry as defined in Code of Alabama (1975)§ 34-9-6, as it applies to:

(i) The rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient located within this state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from within this state to such physician or his or her agent; or

(ii) The rendering of treatment to a patient located within the state by a dentist located outside this state as a result of transmission of individual patient data by electronic or other means from this state to such dentist or his or her agent.

(iii) this definition is not intended to include an informal consultation between a licensed dentist located in this state and a dentist located outside this state provided that the consultation is conducted without compensation to or the expectation of compensation to either dentist and does not result in the formal rendering of a written or otherwise documented medical opinion concerning the diagnosis or treatment of a patient by the dentist located outside this state.

(b) **DENTAL EMERGENCY.** A dental emergency is a condition or circumstance in which a patient is experiencing acute oral trauma, severe pain, bleeding or infection of dental hard or soft tissue, requiring, in the best clinical judgment of the attending dentist based on the facts before him or her, immediate treatment. Conditions qualifying as dental emergencies include periapical inflammation, periapical infection, periapical abscess, acute perioral swelling, post extraction alveolitis, post extraction bleeding, fractured or abscessed teeth, fractures of the jaw, and dislocated mandible.

(c) **IRREGULAR OR INFREQUENT.** The irregular or infrequent practice of dentistry across state lines is deemed to occur if such practice occurs less than ten (10) times in a calendar year or involves fewer than ten (10) patients in a calendar year or composes less than one percent (1%) of the dentist's diagnostic or therapeutic practice.

(2) **License requirement.** To engage in the practice of dentistry across state lines in the State of Alabama, a person shall hold a current special

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purpose license to practice dentistry across state lines issued in accordance with the provisions of Code of Alabama, (1975) § 34-9-10 and this Rule or a person shall hold a full, unrestricted, and current license issued under Code of Alabama, (1975) § 34-9-10 and the Rules of the Board. Exemptions to this licensing requirement are as follows:

- (i) A dentist who engages in the practice of dentistry across state lines in a dental emergency, as defined in this Rule and as set forth in Code of Alabama, (1975) § 34-9-7.
- (ii) A dentist who engages in the practice of dentistry across state lines on an irregular or infrequent basis, as defined in this Rule and as set forth in Code of Alabama, (1975) § 34-9-7.

(3) **Qualifications for a Special Purpose License.**

An applicant shall be eligible for issuance of a certificate or qualification to practice dentistry across state lines if all of the following requirements are met:

- (a) The applicant holds a full and unrestricted license to practice dentistry in any state of the United States or territories, other than this state, in which such individual is licensed.
- (b) The applicant has not had any previous disciplinary action or other action taken against the applicant by any state or licensing jurisdiction, provided, however, that in the event of previous disciplinary or other action taken against the applicant, the Board may issue a certificate of qualification. If it finds that the previous disciplinary action or other action does not indicate that the dentist is a potential threat to the public.
- (c) the applicant completes and submits an application form for a certificate of qualifications for a special purpose license on a form provided and approved by the Board in an amount established by the Board.
- (d) Any special purpose license issued by the Board to practice dentistry across state lines limits the license solely to the practice of dentistry across state lines. The special purpose license shall be valid for a period of three years, shall expire on a renewal date

established by the Board in the third calendar year after its issuance, and may be renewed upon receipt of a renewal fee as established by the Board. Failure to renew a license according to the renewal schedule established by the Board shall result in the automatic revocation of the special purpose license to practice dentistry across state lines. An applicant may reapply following automatic revocation for failure to renew. The application shall meet the qualifications of Code of Alabama, (1975) § 34-9-10 in order to be eligible for renewal of the license.

(e) A special purpose license to practice dentistry across state lines shall only be issued to an applicant whose principal practice location and license to practice are located in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice dentistry across state lines of similar license to a dentist whose principal practice location and license are located in another state. It is the stated intent that dentists who hold a full and current license in the State of Alabama be afforded the opportunity to obtain, on a reciprocal basis, a license to practice dentistry across state lines in any other state or territory of the United States as a precondition to the issuance of a special purpose license as authorized by this Act to a dentist licensed in the other state or territory. The board shall determine which states or territories have reciprocal license requirements meeting the qualifications of this section.

(4) **Effects of Special Purpose License.**

- (a) The issuance by the Board of a special purpose license to practice dentistry across state lines subjects the licensee to the jurisdiction of the Board in all matters set forth in Code of Alabama, (1975) § 34-9-1 et seq., and the Rules of the Board, including all matters related to discipline.
- (b) It shall be the affirmative duty of every license to practice dentistry across state lines subjects the licensee to report to the Board of Dental Examiners in writing within fifteen (15) days of the initiation of any

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disciplinary action against the license to practice dentistry of the licensee by any state or territory in which the licensee is licensed.

(c) By accepting a special purpose license, the licensee agrees to produce patient medical records or other materials as requested by the Board and to appear before the Board or any of its committees following receipt of a written notice issued by the Board or its authorized representative. The failure of a special purpose licensee to report, produce records, or appear as set forth above shall subject the licensee to the disciplinary penalties as set forth in §34-9-5.

(d) A special purpose license to practice dentistry across state lines is subject to each of the grounds for disciplinary action as provided in Code of Alabama, (1975) § 34-9-19, in accordance with the procedures set out in that section and the Alabama Administrative Procedures Act Code of Alabama, (1975) § 41-22-1, *et seq.*

(e) The holder of a special purpose license shall comply with all laws, rules, and regulations governing the maintenance of patient medical records, including patient confidentiality requirements, regardless of the state where the medical records of any patient within this state are maintained.

(5) **Annual Renewal for Fees and Licensing.**

The licensee holding a special purpose license must submit a completed renewal form prescribed by the Board on or before October 1st of the third year of the license. The licensee shall accompany such renewal form with a renewal fee established by the Board. These actions shall result in the licensee's receipt of a current annual registration certificate authorizing him or her to continue the practice of dentistry under a special purpose license. Failure to secure the annual registration certificate by the 1st of January of the next year will result in automatic revocation of the special purpose license to practiced dentistry across state lines. Authority: Code of Alabama, (1975) § 34-0-1, 34-9-2, 34-9-7, 34-9-10 and 34-9-43. Adopted: December 14, 2001

270-X-2.19 Licensure By Credentials.

(1) Definitions: The following definitions shall apply to these rules:

(i) LICENSURE BY CREDENTIALS.

Licensure by credentials is to be used to evaluate the theoretical knowledge and clinical skill of a dentist or dental hygienist when an applicant holds a dental or dental hygienist license in another state.

(ii) BOARD. Board shall mean the Board of Dental Examiners of Alabama.

(iii) ACT. Code of Alabama, (1975)§ 34-9-1 *et seq.*

(2) To be eligible for licensure by credentials in the State of Alabama, the applicant shall meet the provisions of Code of Alabama, (1975) § 34-9-10 and this Rule, which are as follows:

(i) The dentist or dental hygienist must have been engaged in the active practice of dentistry or dental hygiene or in full-time dental or dental hygiene education for the five years immediately preceding the application.

(ii) The applicant must hold a current, valid, unrevoked, and unexpired license in a state having examination standards regarded by the Board of Dental Examiners of Alabama as an equivalent to the Alabama standards. For purposes of this requirement, these exam standards shall include passing the National Dental Board Examination Parts 1 and 2 administered by the Joint Commission on National Dental Examinations.

(iii) The Board of Examiners in the state of current practice shall verify or endorse that the applicant's license is in good standing without any restrictions.

(iv) The dentist or dental hygienist shall not be the subject of pending or final disciplinary action in any state in which the individual has been licensed which shall be verified through inquiry to the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the American Association of Dental Examiners clearing House for Disciplinary Information, or any other pertinent Bank currently existing or which may exist in the future.

(v) There shall be certification from the United States Drug Enforcement Administration (DEA) and from the Board of Examiners of any state in which the

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applicant is or has been licensed that the DEA permit has not been revoked, suspended, modified, restricted, or limited in any way or that any state controlled substances permit has not been revoked, suspended, modified, restricted or limited in any way.

(vi) The applicant shall not be the subject of any pending or final action from any hospital revoking, suspending, limiting, modifying, or interfering with any clinical or staff privileges.

(vii) The applicant shall provide a written statement agreeing to be interviewed at the request of the Board.

(viii) The applicant must successfully pass a written jurisprudence examination to be designed and administered by the Board.

(ix) The applicant shall submit affidavits from two licensed dentists or two licensed dental hygienists practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability.

(x) Upon the Board's request, the applicant shall execute any necessary release or authorization to obtain information in connection with the application or the requirements of this rule.

(xi) The applicant must be a graduate of dental or dental hygiene school or college approved by the board and shall provide the Board with an official transcript with school seal from the school of dentistry or school of dental hygiene which issued the applicant's professional degree or execute a request and authorization allowing the board to obtain the transcript.

(xii) The applicant must not have been convicted of a felony or any misdemeanor involving moral turpitude or of any law dealing with the administering or dispensing of legend drugs, including controlled substances.

(xiii) The board may consider or require other criteria including, but not limited to, any of the following:

a. Questioning under oath.

b. Results of peer review reports from constituent dental societies or federal dental services.

c. Any history of or the need for substance abuse testing or treatment.

d. Background checks for criminal or fraudulent activities.

e. Participation in continuing education.

f. A current certificate in cardiopulmonary resuscitation.

g. Recent case reports or oral defense of diagnosis and treatment plans.

h. Proof of no physical or psychological impairment that would adversely affect the ability to practice dentistry or dental hygiene with reasonable skill and safety.

i. An agreement to initiate practice within the State of Alabama within a period of one year.

j. Proof of professional liability coverage and that coverage has not been refused, declined, cancelled, nonrenewed, or modified.

k. Proof of no communicable diseases.

l. Denial of any professional license or denial of the opportunity to take a dental exam or dental hygienist exam.

(xiv) If all criteria and requirements are satisfied and the Board determines, after notice and hearing, that the individual committed fraud or in any way falsified any information in the application process, the license may be revoked by the Board or the Board may impose other disciplinary sanctions allowed by the provisions of the Act.

(3) In addition to the requirements for applicants seeking licensure by credentials, an applicant desiring to practice a specialty only, must meet the following requirements:

(i) The specialty must be one in a branch of dentistry authorized by the Act.

(ii) The applicant shall meet the existing educational requirements, standards or other criteria set forth in the Act.

(iii) An applicant who chooses to announce or practice a specialty shall limit his or her practice exclusively to the announced special area or areas of dental practice.

(iv) If an applicant who is initially licensed by credentials for a specialty practice decides to

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renounce his or her specialty and practice general dentistry and the license originally issued did not require a general dental license but rather a specialty license or the applicant originally passed only a specialty examination, the applicant shall not practice general dentistry until he or she successfully passed the Board's regular dentistry examination. However, if an applicant has passed a general dentistry examination having standards regarded by the Board as an equivalent to the Alabama standards or has a general dentistry license, was practicing a specialty and decided not to continue that specialty and practice general dentistry, the applicant shall be eligible for licensure by credentials as a general dentist.

(4) An applicant shall submit to the Board with the application, a non-refundable fee in the amount of Four Thousand and No/100 Dollars (\$4,000.00) for dentists and Two Thousand and No/100 Dollars (\$2,000.00) for dental hygienists. If an applicant is granted a license, this fee includes the licensing fee for the remaining portion of the first licensing year.

(5) Regardless of the applicant's compliance with the foregoing requirements, the Board may refuse to issue a license by credential based on any conduct which would be a ground for discipline pursuant to Code of Alabama, (1975) § 34-9-19.

(6) An applicant granted a license by credentialing will be subject to the Act and all Board rules.

Statutory Rulemaking Authority: Code of Alabama, (1975) § 34-9-10 and §34-9-43. Adopted filed February 18, 2003 Effective March 26, 2003; amended March 3, 2006.

270-X-2.20 REPORTING OF ADVERSE OCCURENCES

Any dentist practicing in the State of Alabama must notify the Board of Dental Examiners of Alabama (Board) of any mortality or other adverse incident occurring during or related to a dental procedure or treatment performed by dentists or in which a dentist participated in any manner whether occurring in an office, hospital or other outpatient treatment facility within

Seventy –two (72) hours of the referenced occurrence.

In addition, the dentist shall submit a complete report to the Board within thirty (30) days of the referenced occurrence. For purposes of this Rule, a reportable occurrence shall include any procedure or treatment resulting in death or permanent physical or mental injury as a result of the administration of general anesthesia or sedation techniques as defined Code of Alabama, (1975) § 34-9-1(10). Reportable occurrences shall also include any resulting in calling any emergency responders, initiation of CPR or utilizing cardiac defibrillation.

The report references above shall include at a minimum the following:

- (a) Description of the dental procedure.
- (b) Description of preoperative physical condition of the patient, including vitals.
- (c) List of drugs and dosages administered.
- (d) Description, in detail, of techniques utilized in administering the drugs utilized.
- (e) Description of the adverse occurrence.
 - (1) Describe, in detail, symptoms of any complications to include, but not limited to, the onset and type of symptoms exhibited by the patient.
 - (2) Treatment instituted on the patient.
 - (3) Response of the patient to the treatment.

Authority: Code of Alabama, (1975) § 34-9-1 (10), 34-9-2, 34-9-43 and 34-9-65. Adopted February 4, 2005; Effective March 22, 2005

270-X-2.21 ORAL CONSCIOUS SEDATION

The following requirements shall apply to the administration in the office of oral conscious sedation by dentists:

1. In order for a course of training to be approved by the Board, the following shall be required:

- (a) A minimum of sixteen (16) hours of training;
- (b) The definition of oral conscious sedation and anxiety reduction (anxiolysis);
- (c) A list of oral sedative agents commonly used, their basic pharmacology and past documentation or records of use;

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- (d) Coverage of medical conditions which can adversely affect the administration of oral conscious sedation and the basics of physical diagnosis to appropriately classify your patient medically;
 - (e) Coverage of proper monitoring techniques for the sedated patient;
 - (f) An overview of the most common sedation protocols from start to finish;
 - (g) Proper documentation required by the dentist and dental staff; i.e., consent forms, monitoring strips, and patient information packets;
 - (h) An overview of potential medical emergencies specific to oral conscious sedation and their diagnosis and management;
2. In order for an entity or organization to be approved by the Board for purposes of training in oral conscious sedation, training offered must at a minimum include the topics referenced in number 1 above.
3. The emergency kit must at a minimum include the following:
- (a) Epinephrine;
 - (b) Atropine;
 - (c) Narcotic antagonist (e.g., Naloxone HCL) and benzodiazepine antagonist (e.g., Flumazenil), if these agents are used;
 - (d) An antihistamine (e.g., Diphenhydramine HCL);
 - (e) Nitroglycerine;
 - (f) A bronchodilator (e.g., Albuterol inhaler); and
 - (g) An antihypoglycemic (e.g., 50% glucose).
4. Any operatory where oral conscious sedation is administered must be of adequate size and design to permit physical access of emergency equipment and personnel and to permit effective emergency management.
5. All allied personnel who may be involved in the monitoring of a patient who is administered oral conscious sedation shall be trained to assist the dentist in the recognition and management of the following clinical emergencies:
- (a) Laryngospasm;
 - (b) Bronchospasm;
 - (c) Emesis and aspiration of vomitus;
 - (d) Management of foreign bodies in the airway;
 - (e) Angina pectoris;
 - (f) Myocardial infarction;
 - (g) Cardiopulmonary resuscitation;
 - (h) Hypotension;
 - (i) Hypertensive crisis;
 - (j) Acute allergic reaction;
 - (k) Hyperventilation syndrome;
 - (l) Convulsions; and
 - (m) Syncope.
6. In order for a patient to be appropriately monitored, the monitoring and recording of blood pressure at intervals determined by the dentist must be performed both during the administration of oral conscious sedation and any recovery period.
7. As to all patients who are administered oral conscious sedation, the type and amount shall be within accepted therapeutic guidelines and not dependant upon the period of duration of the procedure.
8. A dentist utilizing oral conscious sedation in the dental office may induce only one patient at a time. A second patient shall not be induced until the first patient is awake, alert, conscious, spontaneously breathing, has stable vital signs, is ambulatory with assistance, is under the care of a responsible adult, and that portion of the procedure requiring the participation of the dentist is complete. In an office setting where two or more permit holders are present simultaneously, each may sedate one patient provided that the office has the necessary staff and equipment, as set forth in this rule.
9. Notwithstanding any of the provisions set forth above, any oral conscious sedation administered to a pediatric patient, shall be pursuant to and follow the current guidelines and recommendations for sedation of the pediatric dental patients promulgated by the American Academy of Pediatric Dentistry. Pediatric patients shall be defined as infants and children through adolescence, including those with special health care needs.
10. All individuals licensed to practice dentistry on the effective date of this rule, who intend on administering Oral Conscious Sedation shall submit an application for an Oral Conscious Sedation permit no later than September 30,

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2006 and any such permit granted shall not expire until December 31, 2007. Thereafter the renewal requirements and expiration date shall be the same as those for a dental license.

All individuals not licensed to practice dentistry on the effective date of this rule, who become licensed thereafter, and who intend on administering Oral Conscious Sedation shall file for an Oral Conscious Sedation permit prior to administering such sedation. The renewal requirements and expiration of such permit shall be the same as those for annual renewal of a dental license.

Fees: \$100.00 for initial application
\$50.00 for annual renewal.

Authority: Code of Alabama, (1975) § 34-9-43 and Act 2005-298; Adopted January 6, 2006, Effective February 21, 2006.

270-X-2.22. Patient Records.

A dentist shall maintain complete treatment records on all patients and those treatment records may include such information as the dentist deems appropriate but shall at a minimum include the following:

1. Patient's full name, address and treatment date;
2. Patient's nearest relative or responsible party;
3. Current health history, including chief complaint, if applicable, and a listing of all current medications;
4. Diagnosis of condition;
5. Specific treatment rendered and by whom;
6. Name and strength of any medications prescribed, dispensed or administered along with the quantity, date provided and authorized refills;
7. Treatment plan;
8. Applicable radiographs; and
9. Patient's financial records and copies of all insurance claim forms.

Records may also include the following:

1. Study models and other diagnostic aids.

Authority: Code of Alabama, (1975) § 34-9-42(10). Adopted March 3, 2006,

Chapter 270-X-3 DENTAL HYGIENISTS

270-X-3.01 Examination Rules for Dental Hygienists.

(1) No person other than members of the Board of Dental Examiners and applicants for licensure shall be present in the rooms when and where examinations, either written, clinical, or laboratory procedures, are being conducted except by permission of examiner in charge.

(2) Any applicant found guilty of receiving or giving aid during the theoretical, operative clinical, or laboratory examination will be dismissed. Dismissal will constitute a failure.

(3) No Smoking is allowed during examinations.

(4) Examination paper will be furnished by the Board, no other paper of any kind, or textbooks, will be allowed in the examination room.

(5) All written examinations must be written in the English language.

(6) Board members are not permitted to interview applicants who have failed the examination. All such matters shall be directed to the Secretary-Treasurer in writing by the applicant.

(7) Board members are not permitted to disclose grades made by an applicant to anyone other than the applicant

(8) When an applicant for licensure successfully passes either the written or clinical examination, that passing grade shall carry over and be valid only until the next available examination.

(9) In addition, examination shall be conducted and licenses issued in compliance with Code of Alabama, (1975) § 34-9-11. Authority: Code of Alabama, (1975) § 34-9-2,,34-9-4, 34-9-26, and 34-9-43. Adopted as revised: May 7, 1999

270-X-3.02 Replacement Certificate for Dental Hygienists.

(1) Proper proof must be submitted to the Board that the original certificate was lost or destroyed.

(2) Duplicate certificate must be marked "Replacement Certificate".

(3) Replacement certificate should contain date that original was issued and must be signed by the entire Board and contain the date the duplicate is issued.

(4) Fee of \$25.00

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Authority: Code of Alabama, (1975) § 34-9-2, 34-9-4, 34-9-13, 34-9-16 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-3.03 Education Requirements for Examination, Qualifications, Application, Examination and Licensure of Dental Hygienists.

- (1) Education Requirements for Examination.
 - (a) Graduate of a school or college of dental Hygiene approved by the Board.
 - (b) Graduate of the Alabama Dental Hygiene Program conducted by the Board pursuant to the Code of Alabama 1975, § 34-9-26.
- (2) Applications for Hygiene Licensure Examinations.
 - (a) Applications and fee, in an amount fixed by the Board, must be filed with the Board at least thirty (30) days prior to the date of the examination.
 - (b) If the applicant is a graduate of a college approved by the Board, a copy of a transcript of the applicant's grades from said college must accompany the application.
 - (c) If the applicant is a graduate of the ADHP, the Secretary of the Board shall attach a copy of the applicant's grades to the application at least five days prior to the date of the examination.
 - (d) Applications must be sent by Certified Mail return receipt requested.
 - (e) No part of the above fees are refundable.
 - (f) All applicants must otherwise comply with all requirements established by law.
- (3) All applicants for licensure shall also comply with Code of Alabama, (1975) § 34-9-26.
- (4) No person shall be granted a license to practice Dental Hygiene unless he/she has met the requirements of Code of Alabama, (1975) § 34-9-26.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-4, 34-9-16, 34-9-26 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-3.04 Alabama Dental Hygiene Program Requirements.

- (1) Student Hygienists must be at least 18 years of age prior to the time the employer makes

application to begin training, of good moral character, and of good health.

(2) Student Hygienist must be a graduate of an accredited high school or hold a GED certificate.

(3) Student Hygienists must have had at least twenty-four (24) full months of full time employment as a dental assistant, or the equivalent of twenty-four (24) full months in part-time employment. This time must be spent assisting the dentist at the chair. Full-time shall mean employment of at least twenty four (24) hours a week. Graduates of an approved school of dental assisting will be given credit for such course on a formula determined by the Board.

(4) Student Hygienists must be employed full time during the effective period of the training permit before being eligible to take the Hygiene Licensure examination. Full time shall mean employment of at least twenty four (24) hours a week. Any dentist licensed and practicing dentistry full time in the State of Alabama may be issued a training permit upon application to the Board of Dental Examiners, which shall have the discretion to grant or deny such permit. No dentist shall be issued a training permit unless certified by the Board of Dental Examiners of Alabama, which shall have the discretion to grant or deny such certification. The certification shall be valid for three (3) years from the date of issuance. In the event the certification expires during the effective period of the training permit, the dentist shall be allowed to continue training subject to enrolling in and taking the next scheduled certification course. Any dentist who is certified shall be given credit for four (4) hours of continuing dental education.

(5) Student Hygienists may practice only under the direct supervision of the dentist whose name appears on the training permit; however, another dentist employed in the same office who is certified pursuant to this Rule may perform pre and post prophylactic examinations of the student hygienist's patients.

(6) The closing date for accepting applications for training permits for the current year is May 30.

(7) Student hygienists are allowed one transfer of their training permit per class cycle based upon approval by the Board of Dental Examiners of

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Alabama. During the period of the student hygienist training permit, the student may only be terminated for good cause which shall be determined by the Board. A student hygienist who has participated in the Alabama Dental Hygiene Program twice unsuccessfully may apply to participate in the program a third time at the discretion of the Board after five (5) years of continual full time employment as a dental assistant.

(8) All student hygienists must attend all sessions of the academic instruction given at the University of Alabama in Birmingham under the auspices of the Board. Each student hygienist's grades shall be given to the Board for review.

(9) If the student hygienist fails to attend all sessions of academic instruction then such student hygienist is no longer eligible for a renewal permit without consent of the entire Board.

(10) No dentist shall be permitted to train more than one (1) student hygienist at a time.

(11) Student Hygienists who obtain training in the ADHP must pay a fee in an amount fixed by the Board, (this includes training permit, examination, certificate and workshop fees), which must be enclosed with the application for training permit. The academic instruction portion of the fee may be refunded only within the first thirty (30) days of issuance.

Statutory Rulemaking Authority: Code of Alabama, (1975) § , 34-9-2, 34-9-4, 34-9-26 and 34-9-43. Amended Feb. 18, 2003; August 6, 2004; August 3, 2006

270-X-3.05 Change of Name on License Certificates.

(1) Any individual desiring a replacement certificate must notify the Board in writing and enclose the following:

- (a) The reason for a replacement certificate.
- (b) Original license certificate, if available.
- (c) Fee of \$25.00.

(2) The original license certificate will be destroyed, upon issuance of a replacement certificate, so marked as replacement.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-4, 34-9-16 and 34-9-43. Adopted as revised: September 25, 1982.

270-X-3.06 Direct Supervision Defined. Direct supervision is defined as supervision by a dentist who authorizes the intraoral procedure to be performed, is physically present in the dental facility and available during performance of the procedure, examines the patient during the procedure and takes full professional responsibility for the completed procedure.

Authority: Code of Alabama, (1975) § 34-9-2, 34-9-27 and 34-9-43. Adopted as revised: March 14, 1997. Amended Feb 18, 2003, Aug 6, 2004, Aug 6, 2006

270-X-3.07 Annual Registration for Hygienists.

(1) No person shall practice dental hygiene in the State of Alabama unless licensed by the Board and registered annually as required by Code of Alabama 1975 as amended.

(2) The Secretary-Treasurer of the Board shall mail to each such licensee, on or before September 1st of each year, a registration form which shall contain space for the insertion of his or her name, address, date, and number of his/her license certificate and such other information as the Board shall deem necessary.

(3) On or before the first day of October of each year, every dental hygienist licensed to practice in the State of Alabama shall transmit to the Secretary of the Board, the completed form prescribed by the Board, together with the annual registration fee.

(4) Any license and license certificate previously granted shall automatically be suspended if the holder fails to secure the annual registration certificate before the first day of January each year.

(5) The annual registration for dental hygienists shall be an amount fixed by the Board.

(6) Any dental hygiene license suspended by reason of failure, neglect or refusal to secure the annual registration certificate may be reinstated by the Board upon payment of the penalty fee of one hundred (\$100.00) dollars plus the current year's registration fee. The form and method provided for in Section 34-9-28, Code of Alabama, (1975) § as amended.

(7) All licensed dental hygienists shall also comply with the provisions of Code of Alabama, (1975) § 34-9-28. Authority: Code of Alabama,

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(1975) § 34-9-2, 34-9-4, 34-9-28 and 34-9-43.
Adopted as revised: January 23, 1998.

270-X-3.08 Change of Address of Dental

Hygienists. Every licensed dental hygienist upon changing his or her mailing address or employer, shall within thirty (30) days thereafter furnish the Secretary-Treasurer of the Board with their new address of the new employer. Authority: Code of Alabama, (1975) § 34-9-14 and 34-9-43.
Adopted as revised: September 25, 1982.

270-X-3.09 Ground for Refusal, Suspension or Revocation of Dental Hygiene License.

The Board may refuse to issue the license or license certificate provided for in Code of Alabama, (1975) § 34-9-1, et seq., or may impose any of the penalties outlined in Code of Alabama, (1975) § 34-9-18 (b), whenever it shall be established to the satisfaction of the Board after a hearing as provided in Code of Alabama, (1975) § 34-9-18, 34-9-24 and the Alabama Administrative Procedure Act, that any licensed dental hygienist has been guilty of any of the provisions of Code of Alabama, (1975) § 34-9-1, et seq., including but not limited to Code of Alabama, (1975) § 34-9-18. Authority: Code of Alabama, (1975) § 34-9-2, 34-9-18, 34-9-24 and 34-9-43. Adopted as amended: April 8, 1989.

270-X-3.10 Duties of Allied Dental Personnel.

Allied dental personnel are dental hygienists, dental assistants and dental laboratory technicians.

All allied dental personnel are prohibited from using laser technology except dental hygienists who should use this technology for diagnostic purposes only.

Subject to the prohibition that no intra-oral procedure can be performed unless under the direct supervision of a duly licensed dentist as defined by Board rule, the following allied dental personnel may perform the following:

- (1) **Dental Laboratory Technicians;**
 - (a) No intra-oral duties are allowable other than assisting the dentist in determining tooth color.
- (2) **Dental Assistants and Hygienists:**
 - (a) Preliminary charting and inspection of the oral cavity. (Final examination

and diagnosis must be made by a dentist before treatment can be instituted.)

(b) Apply topical agents under direct supervision of the dentist:

1. Apply topical anesthetics.
(Excluding aerosol types.)
2. Oxygenating Agents. (Excluding endodontic therapy.)
3. Apply anti-inflammatory agents.
4. Apply astringents.
5. Desensitizing agents.
6. Topical fluoride.

(c) Place and remove rubber dam.

(d) Place and remove periodontal dressings.

(e) Place and remove alveolar socket dressings.

(f) Construct and remove with hand instruments only interim restorations.

(Interim restorations being any restoration placed while a more permanent restoration is being completed.)

(g) Construct and place temporary crowns (excluding stainless steel crowns placed with intentions of reasonable permanency.)

(h) Contour stainless steel or chrome crowns but cannot cement them.

(i) Pre-fit and precontour orthodontic appliances either extra-orally or intra-orally for final adaptation by the dentist.

(j) Remove excess cement with hand instruments from around permanent dental restorations and orthodontic appliances.

(k) Make impressions for diagnostic casts and opposing casts. No orthodontic appliances, prosthetic appliances, bridges or any other structures which may be worn in the mouth will be made from any of the casts outlined above or duplicates thereof.

(l) Place, wedge, and remove matrices for operative dentistry procedures.

(m) Take and record case history, blood pressure, pulse and oral temperature.

(n) Remove intra-oral sutures.
(Excluding wire sutures.)

(o) Make dental radiographs.

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- (p) Give oral hygiene instructions including plaque staining, flossing, brushing and caries susceptibility tests.
- (q) Place cavity liners and bases. (Excluding capping of exposed pulpal tissues.)
- (r) Assist in the administering of N²O and O².
- (s) Insert into the mouth of the patient wax models of dentures, partial dentures or any other structures and make adjustments outside the mouth of the patient to such wax models pursuant to written or verbal instructions or directions from the dentist; provided, however, (1) that the dental hygienist or dental assistant shall not use these wax models of dentures, partial dentures or any other structure to register the jaw relationships or occlusal relationships of the patient; and (2) that before such wax models may be used for the manufacture of dentures, partial dentures or other structures the dentist shall personally consult with the patient, examine such wax models, and make such additional adjustments as may be required.
- (t) Insert into the mouth of the patient dentures, partial dentures, removable orthodontic appliances, prosthetic appliances, bridges or any other structures and make adjustments outside the mouth of the patient to the dentures, partial dentures, removable orthodontic appliances, prosthetic appliances, bridges or other structures pursuant to written or verbal instructions or directions from the dentist; provided, however, (1) that before such dentures, partial dentures, removable orthodontic appliances, prosthetic appliances, bridges or other structures are delivered to the patient leaving the dental office with such dentures, partial dentures, removable orthodontic appliances, prosthetic appliances, bridges or other structures the dentist shall personally consult with the patient, examine such dentures, partial dentures, removable orthodontic appliances, prosthetic appliances, bridges

or other structures, and make such additional adjustments as may be required; and (2) that final placement and cementation of all fixed appliances, fixed bridges and other fixed structures shall be performed by the dentist.

(u) Apply reversible liners and bases to dentures, orthodontic appliances, prosthetic appliances, bridges or any other structures; however, only a dentist can insert into the mouth of the patient such dentures, orthodontic appliances, prosthetic appliances, bridges or other structures holding such liners and bases, and allow the patient to close on such dentures, orthodontic appliances, prosthetic appliances, bridges or other structures holding such liners and bases for the purpose of contouring such liners and bases to the patient's mouth.

(3) **Dental Hygienists Only.**

- (a) Remove extrinsic stains, accretions, and calcareous deposits from teeth.
- (b) Gingival curettage.
- (c) Root planing.
- (d) Polish completed restorations.
- (e) Place Pit and Fissure Sealant. A Dentist must examine the patients mouth immediately both before and after the Pit and Fissure Sealant is placed.
- (f) Place resorbable chlorhexidine chips.
- (g) Place topical or subgingival antimicrobial or antibacterial agents.
- (h) Use laser technology for diagnostic purposes only.

AUTHORITY: Code of Alabama, (1975) §34-9-2, 34-9-6, 34-9-27 and 34-9-43(1). Adopted as revised: June 19, 2003

270-X-3.11 Statement of Charges and Notice of Hearing Before Revocation or Suspension of Dental Hygienist License. No imposition of any of the disciplinary penalties set forth and outlined in Code of Alabama 1975, 34-9-18(b) shall be taken until the licensee has been furnished a statement in writing of the charges against him/her and with a notice of the time and place of the hearing. The statement of charges shall be in compliance with Code of Alabama,

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(1975) § 34-9-24 and Code of Alabama, (1975) § 41-22-12(b). Authority: Code of Alabama, (1975) § 34-9-2, 34-9-24 and 34-9-43, 41-22-12. Adopted as amended: April 8, 1989.

270-X-3.12 Dental Hygiene Advisor Repealed
May 1997- Included with 34-9-40 et seq.

Chapter 270-X-4.01 MISCELLANEOUS

270-X-4.01 Professional Corporations and Professional Associations.

Professional Corporations.

(1). This rule is promulgated pursuant to the Revised Alabama Professional Corporation Act, Code of Alabama, (1975) § 10-4-380, et seq. (hereinafter referred to as the "Act"). This rule shall apply to professional corporations formed after January 1, 1984 by dentists licensed to practice dentistry in the State of Alabama and all professional corporations formed prior to January 1, 1984, which are governed by the provisions of the above Act, and those professional associations formed prior to January 1, 1984, which amended their articles of association as provided in Code of Alabama, (1975) § 10-4-403(b).

(2) Any dentist or group thereof licensed to practice dentistry in the State of Alabama who desires to render dental professional services as a corporation in this State shall comply with the provisions of the Act and this rule.

(3) The names of professional corporations shall be governed by the provisions of Code of Alabama 1975 10-4-387. If the corporate name of the professional corporation utilizes the name or names of the dentist(s) who are employees of or shareholders in the professional corporation, then such corporate name shall include the designation "D.M.D." or "D. D. S." whichever is appropriate. In addition, the following requirements shall be applicable to professional corporations:

(a) Practicing dentists forming or who formed a professional corporation may practice under a name other than the one(s) of the participating dentist(s) only if the following requirements are met:

(i) That the name of the participating dentist(s) shall appear following or beneath the name selected.

(ii) That the name so selected should not suggest a non-profit or charitable activity or be false, fraudulent, misleading or deceptive.

(iii) That the name of the dentist(s) and the words "Professional Corporation" or the abbreviation "P.C.", as required by Code of Alabama, (1975) § 10-4-387(a), shall be displayed with similar prominence as the name so selected.

(4) Every professional corporation formed after January 1, 1984 shall file with the Board of Dental Examiners of Alabama a certified copy of the Articles of Incorporation and the Certificate of Authority, a complete list of the names and addresses of the shareholders and any and all subsequent amendments to the Articles of Incorporation, changes of ownership of any shares in the professional corporation or changes in the business address of the professional corporation.

All professional corporations in existence on the effective date of the Act and all professional associations which are hereinafter governed by the provisions of the Act shall file a certified copy of all amendments to the Articles of Incorporation or Articles of Association with the Board of Dental Examiners of Alabama and a copy of any changes in ownership of any shares in the professional corporation or changes in the business address of the professional corporation or association.

(5) Every professional corporation or professional association governed by the provisions of the Act shall file with the Board of Dental Examiners of Alabama a certified copy of any Articles of Dissolution or Articles of Merger or Consolidation with another professional corporation or association.

(6) All filings shall be within thirty (30) days of the effective date of the instrument or document filed.

(7) In addition to the requirements of Code of Alabama, (1975) § 10-4-388, no shares may be transferred upon the books of the professional corporation or issued by the professional corporation until there is presented to and filed

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with the corporation a certificate by the Board of Dental Examiners of Alabama stating that the individual to whom the transfer is to be made or the shares issued is a qualified person as defined by Code of Alabama, (1975) § 10-4-383(5).

(8) In addition to the requirements of Code of Alabama, (1975) § 10 4-393, no officers or members of the Board of Directors of a professional corporation who is not licensed to practice dentistry shall participate in any decision constituting the practice of dentistry.

(9) A foreign professional corporation rendering dental professional services in the State of Alabama shall in addition to the requirements of Code of Alabama, (1975) § 10-4-397, be subject to the following:

(a) All shareholders of a foreign professional corporation who render dental professional services in Alabama shall be dentists licensed to practice dentistry in the State of Alabama.

(10) The Board of Dental Examiners of Alabama may propound interrogatories to any professional corporation under the provisions of Code of Alabama, (1975) § 10-4-400.

(11) The Board of Dental Examiners of Alabama may request that the Attorney General initiate involuntary dissolution procedures against a professional corporation under the provisions of Code of Alabama, (1975) § 10-4-396. In addition, the Board may certify to the Secretary of State the names of any foreign professional corporation which has given cause for revocation of its certificate of authority under the provisions of Code of Alabama, (1975) § 10-4-398.

(12) Every professional corporation subject to the provisions of the Act rendering dental professional services shall file with the Board of Dental Examiners of Alabama a copy of the annual report required by Code of Alabama, (1975) § 10-4-399. Financial or confidential information contained in the annual report may be disclosed or made public pursuant to the provisions of Code of Alabama, (1975) § 10-4-399(b)

AUTHORITY: Code of Alabama, (1975)§10-4-402. Professional Associations.

(1) The following shall apply to professional associations who do not elect to become subject to the provisions of the Revised Alabama

Professional Corporation Act, Code of Alabama, (1975) § 10-4-380, et seq.

(2) Professional Associations may practice under a name other than the one(s) of the participating dentist(s) only if the following requirements are met:

(a) That the name of the participating dentist(s) shall appear following or beneath the name selected.

(b) That the designation, "Professional Corporation" or the abbreviation "P.A." shall appear either following or beneath the name so selected.

(c) That the name so selected should not suggest a non-profit or charitable activity or be false, fraudulent, misleading or deceptive.

(d) That the name of the dentist(s) and the designation "Professional Association" or the abbreviation "P.A." shall be displayed with similar prominence as the name so selected.

AUTHORITY: Code of Alabama, (1975) § 34-9-2, 34-9-19 and 34-9-43. Code of Alabama, (1975)§ 10-10-1 et seq. Adopted as Revised Feb. 21, 2001.

270-X-4.02 Approval Required for Utilization of Unlicensed Individuals by Institutions.

(1) Pursuant to the provisions of Code of Alabama, (1975) § 34-9-43 (5) any clinical dental facility of any institution, school, or college, where dental care is provided by dentists, dental hygienists, faculty members, students, interns, residents, or other individuals not duly licensed in Alabama will be required to obtain APPROVED status from the Board under the following procedure:

(a) The parent institution, school or college seeking APPROVED status will be required to furnish the Board a detailed written description of the facility and its activities. This document shall include such items as location of the clinic, names and license (teaching permit) numbers of staff members, name and responsibility of all persons who perform any services defined as dentistry or dental hygiene by Code of Alabama, (1975) § 34-9-6 and 34-9-27, source of and number of patients, services that will be rendered,

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copies of applicable grants or grant request, description of quality control mechanisms, description of any research or experimental activities, and such other data that the Board may deem necessary or pertinent.

(b) Any new clinical dental facility must request APPROVED STATUS from the Board at least six months prior to the commencement of operations.

(c) The Board requires immediate notification before any change is made in an existing facility which has APPROVED status.

(d) The Board or its authorized representative(s) will conduct onsite inspections of all APPROVED facilities and those seeking APPROVED status whenever such action is deemed necessary by the Board.

(e) The Board may issue a temporary permit authorizing an APPROVED facility to employ an unlicensed graduate dentist provided that such dentist:

1. Has met the requirements of Board Rule No. 270-X-2-01.
2. Will work under the direct supervision of a staff dentist duly licensed in Alabama.
3. Has made application to take the next licensure examination. This temporary permit shall be valid only until date of the next annual examination and shall not be renewable. Fees paid by such

dentist as defined in Code of Alabama, (1975) § 34-9-16 shall not be refundable.

(f) Each facility with APPROVED status must request renewal approval on an annual basis. The Board will compile and distribute annually a list of these facilities that have APPROVED status and those which have requested APPROVED STATUS.

(g) The Board may withdraw APPROVED status of any clinical dental facility if it seems such action shall be necessary or in the best interest of the people of this state.

Authority: Code of Alabama, (1975)§ 34-9-2 and 34-9-43. Adopted as revised: Sept.25, 1982.

270-X-4.03 Approval Required for any Training, Educational, Technical, Vocational, or any other Institution Providing Instruction for Dental Assistants, Dental Laboratory Technicians, or any other Paradental Personnel.

(1) Pursuant to the provisions of Code of Alabama, (1975) § 34-9-43(5), as amended, any training, educational, technical, vocational or any other institution which provides instruction for dental assistants, dental laboratory technicians or any other paradental personnel shall be required to obtain APPROVED STATUS from the Board of Dental Examiners of Alabama, (hereinafter "Board") under the following procedure:

(a) Any training, educational, technical, vocational or any other institution (hereinafter collectively referred to as "institution") shall meet the applicable requirements and standards for such instruction as approved or adopted by the American Dental Association, a copy of these requirements and standards being available to the said institutions upon request to the Secretary-Treasurer of the Board.

(b) In determining whether the instruction at the institution meets and satisfied the requirements and standards for the same then in effect, the Board or any authorized representative(s) may conduct on site inspections and examinations of the institution and may require the institution to submit any written information or material which the Board or its' authorized representative(s) may deem necessary and appropriate.

1. If the institution fails or refuses to allow the Board or its' authorized representatives(s) to conduct on site inspections and examinations or refuses or fails to submit, after notice, and within a reasonable period of time, to be determined by the Board or its' authorized representative(s) any required written information or material, the Board shall deny the institution APPROVED STATUS and give the institution notice thereof in writing.

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(c) If the Board determines that the instruction provided by the institution meets the requirements and standards of the Board then in effect for the same, the institution shall be so notified by the Board in writing as soon as practicable.

(d) If the Board determines that the instruction provided by the institution does not meet the requirements and standards of the Board then in effect for the same, the Board shall so notify the institution in writing as soon as practicable, said notice to include at least the following:

1. The reasons why the instruction at the institution did not meet or satisfy the requirements or standards of the Board then in effect.

2. The specific requirements or standards that the institution failed to meet or satisfy.

3. A reasonable period of time to be determined by the Board or its' authorized representative(s) in which the institution can correct the deficiencies so noted or otherwise satisfy or meet the Board's requirements or standards then in effect.

(e) If the institution fails to meet or satisfy the requirements or standards of the Board then in effect after notice and opportunity as provided in paragraph (d) above, the Board shall deny the institution APPROVED STATUS.

(f) The Board may withdraw APPROVED STATUS of an institution providing instruction if it deems such action shall be necessary, or in the best interest of the people of this State or to protect the health, safety or welfare of the people in this State.

(g) Each institution with APPROVED STATUS must request in writing renewal approval on an annual basis. In deciding whether to grant any renewal, the Board may utilize any of the procedures (a) through (e) above.

Authority: Code of Alabama, (1975) § 34-9-2 and 34-9-43. Adopted as revised: Sept. 25, 1982. Amended Feb. 11, 2005, effective Mar 22, 2005.

270-X-4.04 Mandatory Continuing Education for Dentists and Dental Hygienists.

1. NUMBER OF HOURS.

(A) Dentists shall complete twenty(20) hours of continuing education on an annual basis as a condition of licensure renewal; provided, however, that no more than one-half (1/2) of these hours can be completed or satisfied by video tapes, journals, publications, correspondence courses or distance based education whether by video or audio format. It shall be the responsibility of each dentist to submit on an annual basis an affidavit or other form approved and provided by the Board of Dental Examiners of Alabama to demonstrate compliance with this requirement. The required hours must be completed in the twelve (12) month period beginning October 1 of each year and ending September 30 of the next year. At least within two (2) calendar years, the dentist shall be required to be certified in cardiopulmonary resuscitation (CPR) at the basic support level by the American Heart Association, the American Red Cross or an equivalent association provided however, this requirement shall be satisfied by attending this training. The two (2) calendar year period shall begin on the date of the initial certification or on the date of any subsequent recertification. Further, at least within two (2) calendar years, the required hours shall include two (2) hours of training on infectious disease control as it relates to the dental office or to the practice of dentistry. Additionally, the combined number of hours of continuing education training in the course areas of insurance, governmental regulations, and tort liability and/or risk management shall not exceed a total of four (4) hours each year.

(B) Dental Hygienists shall complete twelve (12) hours of continuing education on an annual basis as a condition of licensure renewal; provided, however, that no more than one-half (1/2) of these hours can be completed or satisfied by video tapes, journals, publications, correspondence courses or distance based education whether

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by video or audio format. It shall be the responsibility of each dental hygienist to submit on an annual basis an affidavit or other form approved and provided by the Board of Dental Examiners of Alabama to demonstrate compliance with this requirement. The required hours must be completed in the twelve (12) month period beginning October 1 of each year and ending September 30 of the next year. At least within two (2) calendar years, the dental hygienist shall be required to be certified in cardiopulmonary resuscitation (CPR) at the basic support level by the American Heart Association, the American Red Cross or an equivalent association; provided however, this requirement shall only be satisfied by attending this training. The two (2) calendar year period shall begin on the date of the initial certification or on the date of any subsequent recertification. Further, at least within two (2) calendar years, the required hours shall include two (2) hours of training on infectious disease control as it relates to the dental office or to the practice of dentistry or dental hygiene. Additionally, the combined number of hours of continuing education training in the course areas of insurance, governmental regulations, and tort liability and/or risk management shall not exceed a total of four (4) hours each year and the combined number of hours of continuing education training relating to restorative dentistry shall be limited to six (6) hours each year.

2. RECORD KEEPING, REPORTING AND MONITORING.

(A) It is the responsibility of each dentist and dental hygienist to maintain and compile accurate records relating to all continuing education courses or activities they have attended and completed. Accurate records shall mean a certification or evidence of attendance at any "live" continuing education courses and copies of video tapes, journals, publications or correspondence courses. It shall be the responsibility of each dentist and dental hygienist to maintain the above described documentation and information

pertaining to each year for a period of five (5) years and this information shall be submitted to the Board of Dental Examiners of Alabama within Thirty (30) days after a request for the same by the Board.

(B) Each dentist and dental hygienist must submit by the 1st day of October of each year evidence or documentation of satisfactory completion of the required hours of continuing education provided for in these rules. This information shall be submitted on an affidavit and/or other forms to be approved and provided by the Board of Dental Examiners of Alabama. Upon receipt of this information it shall be reviewed by the Board of Dental Examiners of Alabama and the dentist or dental hygienist shall then be notified that either (1) they have fulfilled the requirements of these rules and their annual registration will be issued or (2) they will be notified there are deficiencies or noncompliance with these rules and their annual registration will not be issued until the noncompliance or deficiencies have been remedied in accordance with these rules to the satisfaction of the Board of Dental Examiners of Alabama.

(C) Any dentist or dental hygienist who receives notification that their annual registration will not be issued because of noncompliance with these rules may appeal in writing to the Board of Dental Examiners of Alabama within Thirty (30) days from the date of the Board's notification to them of their noncompliance. Upon the receipt of the written appeal, the Board may request the submission of additional information or records or may require the dentist or dental hygienist to appear before the Board in connection with the appeal.

3. AUDITING.

The Board of Dental Examiners of Alabama shall randomly audit the continuing education documentation or information to be maintained or submitted by each dentist and dental hygienist as described herein to assure compliance with these rules. Failure to maintain the documentation or information set forth in these

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rules the submission of false or misleading information or documentation to the Board of Dental Examiners of Alabama or failure to submit requested documentation or information within the time specified by the Board may subject the dentist or dental hygienist, after hearing, to those penalties outlined Code of Alabama, (1975) § 34-9-18(b).

4. WAIVER.

Upon written request to the Board of Dental Examiners of Alabama, and upon the demonstration of good and sufficient cause, the Board of Dental Examiners of Alabama may grant a waiver or extension of time for the completion of the annual hour requirements for continuing education as set forth herein. Any such request must be received by the Board of Dental Examiners of Alabama prior to September 1st of the year in which the waiver or extension applies. Any such request received after the above referenced date will be considered untimely and denied. The dentist or dental hygienist who seeks such a waiver or extension shall submit: to the Board of Dental Examiners of Alabama any documentation required by the Board which the Board deems appropriate for it to make a decision concerning that waiver or extension.

5. CRITERIA FOR APPROVAL OF CONTINUING EDUCATION.

(A) Continuing dental education may include, but is not limited to, attendance at lectures, study clubs, college and post graduate courses, scientific sessions of conventions, research, graduate studies, teachings, service as a clinician, video tapes, journals, publications or correspondence courses. Continuing education programs may include, but are not limited to, programs that address any of the following:

- (1) Competency in treating patients who are medically compromised or who experience medical emergencies during the course of dental treatment;
- (2) Knowledge of pharmaceutical products and the protocol of the proper use of medications or controlled substances;
- (3) Competency to diagnose oral pathology;
- (4) Awareness of currently accepted

methods of infection control;

(5) Basic medical and scientific subjects including but not limited to biology, physiology, pathology, biochemistry and pharmacology, analgesia, diet and nutrition, microbiology, anatomy, dental anatomy, microscopic anatomy, chemistry, organic chemistry and neurology;

(6) Clinical and technological subjects including but not limited to techniques and procedures in general dentistry or recognized specialties, dental materials and equipment, diagnosis and treatment planning, asepsis and sterilization techniques and radiology;

(7) Subjects pertinent to health and safety including but not limited to public health problems, communicable diseases, emergency care, cardiopulmonary resuscitation, advanced life support, patient stress management, the laws and rules governing the practice of dentistry and dental hygiene and ethical considerations in the practice of dentistry and dental hygiene; and

(8) Insurance, governmental regulations and tort liability and/or risk management.

(B) Programs or courses that include the following areas cannot be considered acceptable or satisfactory continuing education:

(1) Money management;

(2) Personal finances;

(3) Practice Management;

(4) Personal financial matters of business matters;

(5) Presentations by political or public figures or other persons who do not deal primarily with dental or dental hygiene practice;

(6) Motivational courses; and

(7) Presentations by political or public figures or other persons who do not deal primarily with dental or dental hygiene practice; Basic educational or cultural subjects not directly related to the practice of dentistry or dental hygiene, outside the scope of the dentist or dental hygienist's practice or inconsistent with the dentist or dental hygienist's scope of practice. Dental hygienists may not receive continuing education credit for any course which deals

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exclusively with the subjects of anesthesia, diagnosis or treatment planning.

(C) No continuing education credit shall be given for identical courses taken during the same year.

(D) One (1) hour of continuing education credit shall be given for each hour of attendance and an hour of attendance shall be defined as exceeding Fifty (50) minutes. Two (2) hours of continuing education credit shall be given for each hour taught by a dentist or dental hygienist at a continuing education program approved by the Board; provided, however, that no more than one-half (1/2) of the annual required hours can be completed or satisfied in this manner. A dentist or dental hygienist cannot attain more than eight (8) hours of continuing education credit for any one day.

(E) Programs meeting the general requirements of paragraph 5(A) above may be developed and offered to dentists and dental hygienists by any of the following agencies or organizations:

- (1) National, state, district or local dental associations affiliated with the American Dental Association or the National Dental Association;
- (2) Accredited dental colleges or schools;
- (3) National, state, district or local dental hygienists associations affiliated with the American or National Dental Hygienist Association or the American Dental Assistants Association and their constituent and opponent associations and societies;
- (4) Accredited dental hygiene colleges or schools; and
- (5) Other organizations, schools, para professional programs or agencies approved by the Board of Dental Examiners of Alabama.

(F) The Board of Dental Examiners of Alabama shall have the right to monitor or audit any course or program to determine whether that course or program is in compliance with these rules.

6. LICENSEES EXCUSED FROM CONTINUING EDUCATIONAL REQUIREMENTS.

(A) Any dentist or dental hygienist licensed in the State of Alabama but practicing outside the

State of Alabama; however, if such person returns to the State of Alabama, and desires to practice dentistry or dental hygiene, he or she shall then be required to submit evidence to the Board of Dental Examiners of Alabama prior to being allowed to practice, that they have attended and completed within the preceding five (5) years continuing education courses or programs which comply with these rules in a number of hours not less than twenty (20) nor more than One Hundred (100).

(B) Dentists enrolled full-time in a post-graduate specialty training or residency program at a dental school accredited by the American Dental Association's Commission on Dental Accreditation.

(C) Dental hygienists enrolled full-time in an academic program directly related to dentistry or dental hygiene, including but not limited to the Alabama Dental Hygiene Program.

(D) Any dentist or dental hygienist who has permanently retired from the practice of dentistry or dental hygiene; however, if said person desires to return to the active practice of dentistry or dental hygiene, then he or she shall then be required to submit evidence to the Board of Dental Examiners of Alabama, prior to being allowed to practice, that they have attended and completed within the preceding five (5) years continuing education courses or programs which comply with these rules in a number of hours not less than twenty (20) nor more than One Hundred (100).

(E) Dentists or dental hygienists who are not practicing and can demonstrate to the Board of Dental Examiners of Alabama good cause for being excused from the application of these rules, such excuses including but not limited to age, disability, illness or disease. If such person returns to the active practice of dentistry or dental hygiene, then that person shall first be required to attend and complete continuing education courses or programs that would comply with these rules in a number of hours deemed appropriate by the Board of Dental Examiners of Alabama.

(F) Any dentist or dental hygienist who fails to comply with the provisions of these rules or who otherwise violates the Alabama Dental Practice Act in connection with the requirements of these

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rules or relating to any information to be maintained or submitted to the Board as provided for in these rules shall be, upon notice and hearing, subject to the penalties outlined in Code of Alabama, (1975) § 34-9-18(b).
Statutory Rulemaking Authority: Code of Alabama, (1975) § 34-9-2, 34-9-15(b), 34-9-18(1), 34-9-43(1) The effective date of this Rule is October 1, 1991. Adopted: March 14, 1997. Adopted as revised: June 19, 2003, Amended: August 6, 2004, Amended March 3, 2006.

270-X-4.05 Infected Health Care Workers

1. The Board of Dental Examiners of Alabama adopts as its rule for the reporting, assessment and practice management of HBV and HIV infected health care workers the following: Chapter 420-4-3 (and all parts of that Chapter) entitled "Infected Health Care Workers" of the rules of the State Board of Health, Bureau of Disease Control adopted on November 16, 1994.
2. All infected health care workers, as defined by law or the Rule referenced above, working in a dental office shall be required to conform to and comply with the provisions of Chapter 420-4-3 referenced above this Rule. It is the responsibility of all currently licensed dentists or dental hygienists, dental assistants and all other personnel who provide or assist in the provision of dental or dental hygiene services to maintain familiarity with the provisions of Chapter 420-4-3 referenced above, this Rule and the Infected Health Care Worker Management Act.
3. A copy of Chapter 420-4-3 entitled "Infected Health Care Workers" of the Rules of the State Board of Health, Bureau of Disease Control, the Policy and Procedures for compliance with the current recommendations and guidelines of the Centers for Disease Control and Prevention (C.D.C) relating to infection control practices for dentistry and/or dental offices and Alabama's Infected Health Care Worker Management Act are available upon request from the Board.
Statutory Authority: Code of Alabama, (1975) § 34-9-2, 34-9-15, 34-9-18(a), 34-9-43 (10). Code of Alabama, (1975) § 22-11A-70.
The effective date of this Rule is October 6, 1995. Adopted as amended March 19, 2004.

270-X-4.06 Limited Liability Companies

(1) This rule is promulgated pursuant to the Alabama Limited Liability Act, Code of Alabama, (1975) § 10-12-1, et seq. (hereinafter referred to as the "Act"). This rule is applicable to limited liability companies formed for the purpose of rendering dental professional services by dentists licensed to practice dentistry in the State of Alabama.
(2) Any dentist or group thereof licensed to practice dentistry in the State of Alabama who desires to render dental professional services as a limited liability company shall comply with the provisions of the Act and this rule.
(3) The names of limited liability companies shall be governed by the provisions of Code of Alabama, (1975) § 10-12-5. If the name of the limited liability company utilizes the name or names of the dentist(s) who remembers or employees of the limited liability company, then such name shall include the designation "D.M.D." or "D.D.S." whichever is appropriate. In addition, the following requirements shall be applicable to limited liability companies.
(a) Practicing dentists forming or who formed a limited liability company may practice under a name other than the one(s) of the participating dentist(s) only if the following requirements are met:
(i) That the name of the participating dentist(s) shall appear following or beneath the name selected.
(ii) That the name so selected should not suggest a non-profit or charitable activity or be false, fraudulent, misleading or deceptive.
(iii) That the name of the dentist(s) and the words "Limited Liability Company" or the abbreviation "L.L.C.", as required by Code of Alabama, (1975) § 10-2-5 shall be displayed with similar prominence as the name so selected.
(4) Every limited liability company organized for the rendering of dental professional services shall file with the Board of Dental Examiners of Alabama a certified copy of the Articles of Organization and any and all subsequent amendments to those articles, changes of members of the limited liability company or changes in the business address of the limited liability company. As to limited liability

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companies formed after the effective date of this Rule, the filing referenced above shall be made within thirty (30) days of the effective date of the instrument or document filed. As to limited liability companies in existence on the effective date of this Rule, the filings referenced above shall be made within thirty (30) days of that effective date.

(5) Every limited liability company governed by the provisions of the Act shall file with the Board of Dental Examiners of Alabama a certified copy of the Articles of Dissolution or Articles of Merger within thirty (30) days of the dissolution or merger.

(6) Dentists licensed to practice dentistry who render dental professional services as a limited liability company shall comply with the conditions, requirements and restrictions of Code of Alabama, (1975) § 10-12-45. A limited liability company organized to render dental professional services, foreign or domestic, may render dental professional services in Alabama only through individuals licensed to practice dentistry in the state of Alabama.

(7) In addition to the requirements of Code of Alabama, (1975) § 10-2-45(h), no interest may be transferred until there is presented to and filed with the limited liability company a certificate by the Board of Dental Examiners of Alabama stating that the individual to whom the transfer is made is licensed to practice dentistry in the State of Alabama.

(8) No employee of a limited liability company who is not licensed to practice dentistry shall participate in any decision constituting the practice of dentistry or shall interfere with the exercise of the independent professional judgment of a dentist in matters related to the practice of dentistry.

In addition, a dentist's actions with respect to the practice of dentistry, including but not limited to those matters set forth in Code of Alabama, (1975) § 34-9-9(b).

(9) A foreign limited liability company rendering dental professional services in the State of Alabama shall, in addition to the requirements of

Code of Alabama, (1975) § 10-12-47, be subject to the following:

(a) All members or employees of a foreign limited liability company who render dental professional services in Alabama shall be dentists licensed to practice dentistry in the State of Alabama.

(b) Filing with the Board of Dental Examiners of Alabama the registration form by Code of Alabama, (1975) § 10-12-46, the certificate of registration referenced in Code of Alabama, (1975) § 10-12-47 and the certificate of cancellation required by Code of Alabama, (1975) § 10-4-51. These documents shall be filed within thirty (30) days of their filing with the Secretary of State. As to those foreign limited liability companies registered on the effective date of this Rule, the above referenced filings shall be made within thirty (30) days of that effective date. Authority: Code of Alabama, (1975) § 10-12-45 and Code of Alabama, (1975) §34-9-43(2). Adopted: March 21, 2001.

270-X-4.07 Registered Limited Liability Companies

(1) This rule is promulgated pursuant to the Alabama Limited Liability Partnership Act, Code of Alabama, (1975) § 10-8A-1000 *et seq.* (hereinafter referred to as the "Act".) This rule is applicable to professional registered limited liability partnerships formed for the purpose of rendering dental professional services

(2) Any dentist licensed to practice dentistry in the State of Alabama who desires to render dental professional services as a professional registered limited liability partnership shall comply with the provisions of the Act and this Rule.

(3) The names of professional registered limited liability partnerships formed by dentists shall be governed by the provisions of Code of Alabama, (1975) § 10A-1002. If the name of the professional registered limited liability partnership utilizes the name or names of the dentists who are partners or employees of the professional registered limited liability partnership, then such name shall include the designation "D.M.D." or "D.D.S." whichever is appropriate. In addition, the following

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requirements shall be applicable to professional registered limited liability partnerships.

(a) Practicing Dentist(s) forming or who formed a professional registered limited liability partnership may practice under a name other than the one(s) of the participating Dentist(s) only if the following requirements are met:

- (i) that the name of the participating Dentist(s) shall appear following or beneath the name selected
- (ii) that the name so selected should not suggest a non profit or charitable activity or be false, fraudulent, misleading or deceptive.
- (iii) the name of the Dentist(s) and the words "Registered Limited Liability Partnership" or the abbreviation "L.L.P.", as required by Code of Alabama, (1975) § 10-2-5 shall be displayed with similar prominence as the name so selected.

(4) Every professional registered limited liability partnership organized for the rendering of dental professional services shall file with the Board of Dental Examiners of Alabama a certified copy of the Registration and any and all amendments to the Registration, a complete list of the names and addresses of the partners, changes of the partners of the professional registered limited liability partnership or changes in the business address of the professional registered limited liability partnership. As to professional registered limited liability partnerships formed after the effective date of this Rule, the filing referenced above shall be made within thirty (30) days of the effective date of the instrument or document filed. As to professional registered limited liability partnerships in existence on the effective date of this Rule, the filings referenced above shall be made within thirty (30) days of that effective date.

(5) Every professional registered limited liability partnership governed by the provisions of the Act shall file with the Board of Dental Examiners of Alabama a certified copy of a Termination Notice or Statement of Cancellation of Registration within thirty (30) days of the dissolution or cancellation.

(6) Dentists licensed to practice dentistry who render dental professional services as a professional registered limited liability partnership shall comply with the conditions and

restrictions of Code of Alabama, (1975) § 10-8A-1010. A professional registered limited liability partnership organized to render dental professional services, foreign or domestic, may render dental professional services in Alabama only through individuals licensed to practice dentistry in the state of Alabama.

(7) In addition to the requirements of Code of Alabama, (1975) § 10-8A-1010(h) no interest may be transferred until there is presented to and filed with the professional registered limited liability partnership a certificate by the Board of Dental Examiners of Alabama stating that the individual to whom the transfer is made is licensed to practice dentistry in the State of Alabama.

(8) No employee of a professional registered liability partnership who is not licensed to practice dentistry shall participate in any decision constituting the practice of dentistry or shall interfere with the exercise of the independent professional judgment of a dentist in matters related to the practice of dentistry. In addition, a dentist's actions with respect to the practice of dentistry shall not be subject to the control of any individual not licensed to practice dentistry, including but not limited to those matters set forth in Code of Alabama, (1975) § 34-9-9(b).

(9) A foreign professional registered limited liability partnership rendering dental professional services in the State of Alabama shall, in addition to the requirements of Code of Alabama, (1975) § 10-8A-1006, be subject to the following:

- (a) All partners or employees of a foreign professional registered limited liability partnership who render dental professional services in Alabama shall be dentists licensed to practice dentistry in the State of Alabama.
- (b) Filing with the Board of Dental Examiners of Alabama the registration form required by Code of Alabama, (1975) § 10-8A-1006 and the withdrawal notice referenced in Code of Alabama, (1975) § 8A-1006. Both these documents shall be filed within thirty (30) days of their filing with the Secretary of State. As to those foreign professional registered limited liability partnerships registered on the effective date of this Rule, the above referenced filings

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shall be made within thirty (30) days of that effective date. Authority: Code of Alabama (1975) § 10-8A-1010 and Code of Alabama (1975) § 34-9-4314. Adopted: Feb 21, 2001.

270-X-4.08 ADVERTISING

1. Code of Alabama, (1975) § 34-9-19 prohibits advertising which is false, fraudulent, misleading or deceptive. Those terms are defined in the statute as follows:

A. FALSE, FRAUDULENT, MISLEADING, OR DECEPTIVE.

A false, fraudulent, misleading, or deceptive statement or claims is one which:

1. contains a misrepresentation of facts;
 2. is likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;
 3. is intended or is likely to create false or unjustified expectations of favorable results;
 4. implies unusual or superior dental ability; and
 5. contains other representations or implications that in reasonable probability will cause an ordinary and prudent person to misunderstand or be deceived.
2. Code of Alabama, (1975) § 34-9-19 also defines advertising as follows:
- A. ADVERTISEMENT. An advertisement is information communicated in a manner designed to attract public attention to the practice of a dentist as heretofore defined.
3. The following shall be considered false, fraudulent, misleading or deceptive advertising; however, the following should not be interpreted as an all inclusive listing of what may constitute prohibited advertising:
- A. Any advertising or portion of any advertising which:
1. makes a claim or conveys the impression of professional superiority or other superior attributes which cannot be substantiated by the dentist, who shall have the burden of proof;
 2. contain laudatory or flamboyant claims or statements about any individual dentist, group or groups of dentists or any particular dental office,

clinic, etc.;

3. has the capacity or tendency to create false or unjustified expectations of successful treatment;
4. guarantees the results of any treatment, painless treatment, or the performance of any treatment or procedure painlessly;
5. appeals to an individual's fears, ignorance or anxieties regarding his or her state of health or his or her physical or emotional well being;
6. constitutes an invasion into the field of practice of any other health practitioner unless the dentist is licensed in that particular profession and so discloses that fact in the advertising;
7. contain or includes celebrity endorsements;
8. contain testimonials unless the following conditions are met:
 - (a) The person's name, address and telephone number must be maintained by the dentist and shall be made available to the Board within ten (10) days of any request for that information;
 - b. The services which are the subject of the testimonial must have actually been provided to the patient;
 - c. No compensation, remuneration, fee or benefit of any kind shall be provided to the person in exchange for or consideration of the testimonial;
 - d. The dentist must obtain an appropriate release and consent from the patient which shall be made available to the Board within ten (10) days of a request for that information; or
 - e. The following statement must proceed any testimonial; "Results may vary in individual cases.";
9. contain pictures or photographs unless the advertisement clearly identifies the individual as either actual patients or models as the case may be.

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Additionally, any such advertisement must contain the following statement: "Results may vary in individual cases.";

10. advertises results, whether general or specific in nature, the following statement must be included: "Results may vary in individual cases.";

11. advertises any dental service for a specific fee or as "Free", "No Charge", "Without Charge" or the like, the service must be made available for the quoted fee or at no cost for a minimum of 60 days following the date of the last publication or broadcast unless a shorter period of time is clearly specified in the advertisement. When a patient accepts the advertised service, any subsequent dental service which is reasonable and foreseeably related to the advertised service must be provided without additional charge unless the advertisement also contains the following statement: "Additional charges may be incurred for related services which may be required in individual cases.";

12. does not include the name(s) of the dentist(s) who is employed or working at the location advertised;

13. includes statements that a dentist(s) or dental entity is affiliated with a non-profit or charitable organization; or

14. solicits patients in a manner that is false, fraudulent, misleading or deceptive.

4. For the purposes of these Rules, any statement required to be included in any advertisement shall be clearly legible in the case of published advertisements or clearly audible in the case of broadcast advertisements.

5. The following terms or similar terms shall be considered, false, fraudulent, misleading or deceptive and should not be interpreted as an all inclusive listing of what may constitute prohibited advertising:

- A. State-of-the-Art;
- B. Only available here;
- C. Instant orthodontic veneer;
- D. Stress free veneer;
- E. Life changing;

F. Quality dentistry; or

G. Painless or pain free dentistry.

Statutory Rulemaking Authority: Code of Alabama, (1975)§34-9-19(j),§ 34-9-43(1)
Adopted August 6, 2004

Chapter 270-X-5 ORGANIZATION AND PROCEDURE

270-X-5.01 Description of Organization of Board of Dental Examiners of Alabama.

(1) The Board of Dental Examiners of Alabama is a legislatively created board established pursuant to Code of Alabama, (1975) § 34-9-1, et seq.

(2) A description of the Board and its general course or method of its operations are found in Code of Alabama, (1975) § 34-9-1, et seq., and include as its main operations:

(a) the enforcement of Code of Alabama, (1975) § 34-9-1, et seq.

(b) the processing and determining the eligibility of applicants for dental and dental hygiene examinations.

(c) the conducting of these examinations and conducting hearings for the purpose of imposing those disciplinary penalties against dentist and dental hygienists set forth and outlined in Code of Alabama, (1975)§ 34-9-18(b) for a violation of the provisions of Code of Alabama, (1975) § 34-9-1, et seq., including but not limited to Code of Alabama, (1975)§34-9-18.

(3) The description of the composition, government and operation of the Board is found generally in Code of Alabama, (1975) §34-9-40-44.

(4) The power and duties of the Board are found in Code of Alabama, (1975)§,34-9-43.

(5) Any member of the public may obtain information or make submissions or requests by notifying in writing the Secretary-Treasurer of the Board, whose identity may be determined by contacting the Alabama Dental Association in Montgomery, Alabama.

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- (6) This rule is adopted and intended to comply with Code of Alabama, (1975) §41-22-4(a). A
- (7) Authority: Code of Alabama, (1975)§ 34-9-1 et seq., Code of Alabama, (1975)§ 41-22-4. Adopted and amended: April 8, 1989.

270-X-5.02 Procedure for Requesting Adoption, Amendment or Repeal of Rule and Submission. Pursuant to Code of Alabama 1975, 41-22-8, any person (as defined by Code of Alabama, (1975)§41-22-3 (6) who wishes to request the adoption, amendment or repeal of any rule of the Board of Dental Examiners of Alabama shall be required to comply with the following:

- (1) All requests shall be in writing and shall be sent to the Secretary-Treasurer of the Board of Dental Examiners of Alabama by registered mail with return receipt requested.
- (2) If the request is submitted on behalf of a person who is an individual it shall include the name, business and residence address, business and residence telephone number and the employer of the person.
 - (a) If the request is submitted on behalf of a person other than an individual it shall include the name address and telephone number of the said person and the title or position of the individual signing the request.
- (3) The request shall identify with particularity the rule to be amended or repealed.
- (4) The request shall explain in detail the reasons for the adoption, amendment or repeal of any rule and shall set forth in detail the portion of the rule set forth in detail the substance of any proposed amendment or new rule.
- (5) The request shall state in detail how the person is affected by the present rule and how they will be affected by the amendment or repeal of the existing rule or by the adoption of a new rule.
- (6) At the discretion of the Board, the request shall either be considered and disposed of at a meeting of the entire Board or may be assigned to any member or

members of the Board for consideration and disposition.

- (a) Within sixty (60) days after receipt of the request by the Board, the person who made the request shall be notified in writing that the Board has denied the request on the merits, stating its reasons for the denial, or shall be notified that the Board will initiate rule-making procedures in accordance with Code of Alabama, (1975)§41-22-5.
- (7) If the request does not meet the requirements set out above, the request shall be returned and the person shall be notified in writing of this failure and shall further be notified of their right to resubmit the request. Authority: Code of Alabama, (1975)§34-9-43 and Code of Alabama, (1975)§41-22-8. Adopted: Sept. 25, 1982.

270-X-5.03 Administrative Determinations and Declaratory Rulings of the Board.

Pursuant to Code of Alabama, (1975)§41-22-1 1, any person (as defined by Code of Alabama, (1975) § 41-22-3(6) who wishes to petition the Board for a declaratory ruling with respect to the validity of a Board rule or with respect to the applicability to any person, property or state of facts of any rule of the Board or statute enforceable by the Board or with respect to the means and scope of any order of the Board, shall comply with the following:

- (1) All petitions shall be in writing and shall be sent to the Secretary-Treasurer of the Board of Dental Examiners of Alabama by registered mail with return receipt requested and shall specifically state that it is a "request for a declaratory ruling."
- (2) If the petition is submitted on behalf of a person who is an individual it shall include the name, business and residence address, business and residence telephone number and the employer of the person. If the petition is submitted on behalf of a person other than an individual it shall include the name, address and telephone number of the said person and the title or position of the individual signing the request.
- (3) The petition shall state with particularity facts sufficient to show the person seeking

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relief is substantially affected by the rule and shall also state sufficient facts to permit the Board to make a valid determination.

(4) Provided that the petition or the matters stated therein arise from an actual question or controversy, the petition shall then request that the Board do one or more of the following:

(a) issue a declaratory ruling with respect to the validity of one of the Board's rules; or

(b) issue a declaratory ruling with respect to the applicability to any person, property or state of facts of any rule of the Board or statute enforceable by the Board; or

(c) issue a declaratory ruling with respect to the meaning and scope of any order of the Board.

(5) At the discretion of the Board, the petition shall either be considered at a meeting of the entire Board or may be assigned to any member or members of the Board for consideration and in either case a declaratory ruling may be issued. The failure of the Board to issue a declaratory ruling on the merits within forty-five (45) days from the receipt of the request by the Board shall constitute a denial of the request as well as a denial of the merits of the request.

(6) If the petition does not meet the requirements set out above, the petition shall be returned and the party shall be notified in writing of this failure and shall further be notified of their right to submit the petition again. Authority: Code of Alabama, (1975) § 34-9-43, Code of Alabama, (1975) § 41-22- 11. Adopted: Sept. 25, 1982.

270-X-5.04 Rule Making Proceedings

(1) Notice.

(a) The Board shall give at least thirty-five (35) days notice of any proposed action on any rule by publication in the Alabama Administrative Monthly and shall otherwise comply with the notice requirements stated in Code of Alabama, (1975)§41-22-5(a) (1).

(b) Any person who has made a timely request of the agency for advance notice of its rule making proceedings and who has

furnished the Board with a sufficient amount of money to cover the cost of mailing shall receive a copy of the notice referred to above.

(2) Public Hearings. The Board shall afford all interested persons reasonable opportunity to submit data, views or arguments, either orally or in writing. Any data, views or arguments submitted in writing must be received by the Secretary-Treasurer of the Board at least seven days before the date specified in the notice as the day of the public hearing. Those persons wishing to appear before the Board to present data, views or arguments orally must submit a request to appear before the Board to the Secretary-Treasurer and such request must be received by the Secretary-Treasurer at least seven days before the scheduled public hearing. The request shall contain a complete summary of the data, views or arguments which are to be orally presented.

(3) Board Decision. The Board shall fully consider all written and oral submissions concerning every proposed rule action. Upon adoption of a rule, the Board, if conflicting views are submitted on the proposed rule, shall issue a concise statement of the principal reasons for and against its adoption, incorporating therein its reasons for overruling any consideration urged against its adoption.

(4) Emergency Rules. In the event the Board finds that immediate danger to the public health, safety or welfare requires adoption of a rule upon fewer than thirty-five (35) days notice or that action is required by or to comply with a Federal statute or regulation which requires adoption of a rule upon fewer than thirty-five (35) days notice, the Board may adopt an emergency rule under the provisions of Code of Alabama, (1975) § 41-22-5(b).

(5) Compliance with the Alabama Administrative Procedure Act. All rules adopted by the Board shall otherwise substantially and procedurally comply substantially with the provisions of the Alabama Administrative Procedures Act. Authority: Code of Alabama, (1975) § 34-9-43, Code of Alabama, (1975) §, 41-22-5. Adopted: September 25, 1982.

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270-X-5.05 Disciplinary Hearings for Dentists and Dental Hygienists.

(1) Conduct of Hearing.

(a) Hearing Examiner. The Board may in its discretion, appoint some person to act as hearing examiner at disciplinary hearings. In the event a hearing examiner is appointed, he/she shall preside at the hearing and shall rule on all questions of evidence and procedure, notwithstanding any other provisions of these rules to the contrary.

(b) The procedure and format of a hearing shall be the same as that utilized in non-jury civil cases in the Circuit Courts of this State.

1. Additionally, the Board shall be allowed the right to examine any witnesses called by either party.

(c) Order. The Board shall issue an order within thirty (30) days of the date of the final hearing, which shall include findings of fact, official notice taken and conclusions of law, separately stated. The licensee shall be delivered a copy of the order by certified mail, return receipt requested, and a copy shall be mailed first class to each attorney of record.

(2) Evidence. Evidence shall be admitted in accordance with Code of Alabama 1975, 41-22-13.

(3) Emergencies. The Board may in an emergency situation, when danger to the public health, safety and welfare requires, suspend the license of a dentist or dental hygienist without a hearing or with an abbreviated hearing in accordance with Code of Alabama 1975, 41-22-1 9 (d).

(4) Other. The hearing shall otherwise be conducted in compliance with the provisions of the Alabama Administrative Procedure Act.

(5) Effective Date. § 1 (a) through 1(b)-Oct. 1, 1982. § 1(c), (2), (3) and (4): Oct. 1, 1983. Authority: Code of Alabama 1975, 34-9-2, 34-9-18, 34-9-24 and 34-9-43. Code of Alabama 1975, 41-22-12, 41-22-13 and 41-22-16. Adopted Sept. 25, 1982.

270-X-5.06 Complaints.

(1) The Board shall investigate complaints of alleged violations of the provisions of Code of Alabama (1975) §34-9-1 et seq. or of the drug or

controlled substances laws by persons licensed pursuant to the provisions of Code of Alabama (1975) § 34-5-46.

(2) In carrying out its investigations, the Board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documentary evidence and materials as set forth in Code of Alabama (1975)§ 34-5-46.

(3) At any time during the course of an investigation, the Board may, within its discretion, issue a Letter of Concern to the licensee who is the subject of the investigation. A Letter of Concern shall consist of a private, confidential, written communication from the Board to the licensee, the contents of which shall be specified by the Board. A Letter of Concern shall not be considered a disciplinary action and is not intended to communicate a finding on the part of the Board that a licensee to whom the Letter of Concern is directed will be charged with or has been found guilty of wrong doing.

The purpose of the Letter of Concern is to provide notice to the licensee under investigation that the Board has concluded that the alleged actions or conduct in question may not be in accord with provisions of Code of Alabama (1975) § 34-9-1 et seq., of the drug or controlled substances laws. The issuance of a Letter of Concern shall not preclude the Board from taking any other action authorized by law. A Letter of Concern shall be deemed a non-public record under the provisions of rule 270-X-1.08. The Board shall notify the person or persons whose complaint led to the Board's decision to send a letter of Concern. The Board may make public statistical reports concerning the number and type of Letters of Concern issued by the Board.

(4) If as a result of the investigation, a hearing is conducted pursuant to Code of Alabama (1975), 34-9-1 et seq., and/or the Alabama Administrative Procedures Act and the character or good name of a woman or man is involved, the hearing shall be held as an executive or secret session or meeting of the Board.

Authority: Code of Alabama (1975), 34-9-2 and 34-9-43. Code of Alabama (1975), 41-22-12 and Code of Alabama (1975), 13A-14-2. Adopted as amended: Aug 20, 2001.

SIGNIFICANT STATUTORY PROVISIONS AND REQUIREMENTS

Controlled Substance List (Adopted by Alabama State Board of Health September 21, 2005, effective October 1, 2005)

Schedule I

(a) Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set for opposite it.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (for purposes of paragraph (b) (34) only, the term isomers includes the optical and geometric isomers):

1. Acetyl-alpha-methylfentanyl (N-[1-[1-methyl-2-phenethyl]-4-piperidiny]-N-phenylacetamide).....	9815
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)	
2. Acetylmethadol.....	9601
3. Allyprodine.....	9602
4. Alphacetylmethadol.....	9603
5. Alphameprodine.....	9604
6. Alphamethadol.....	9605
7. Alpha-methylfentanyl (N-(1-(alpha-methyl-betaphenyl) ethyl-4-piperidyl)propionanilide; 1-(1- methyl-2-phenylethyl) -4-(N-propenilido) piperidine).....	9814
(Federal Control Sept. 22, 1981; State Oct. 22, 1981)	
8. Alpha-methylthiofentanyl (N-[1-methyl-2-[2-thienyl] ethyl-4-piperidiny] - N-phenylpropanamide).....	9832
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)	
9. Benzethidine.....	9606
10. Betacetylmethadol.....	9607
11. Beta-hydroxyfentanyl (N-[1 - [2 - hydroxy -2- phenethyl] - 4 - piperidiny] - N- phenylpropanamide).....	9830
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)	
12. Beta-hydroxy-3-methylfentanyl.....	9831
(Other name: N-(1 - (2 - hydroxy - 2- phenethyl) - 3- methyl-4-piperidiny] - Nphenylpropanamide)	
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)	
13. Betameprodine.....	9608
14. Betmethadol.....	9609
15. Betaprodine.....	9611
16. Clonitazene.....	9612
17. Dextromoramide.....	9613
18. Diampromide.....	9615
19. Diethylthiambutene.....	9616
20. Difenoxyin (Federal Control June 1, 1975; State July 1, 1975).....	9168
21. Dimenoxadol.....	9617
22. Dimepheptanol.....	9618
23. Dimethylthiambutene.....	9619
24. Dioxaphetyl butyrate.....	9621
25. Dipipanone.....	9622
26. Ethylmethylthiambutene.....	9623
27. Etonitazene.....	9624
28. Etoxidine.....	9625
29. Furethidine.....	9626
30. Hydroxypethidine.....	9627
31. Ketobemidone.....	9628
32. Levomoramide.....	9629
33. Levophenacilmorphan.....	9631
34. 3-Methylfentanyl (N- [3-methyl -1- (2-[phenylethyl]-4-piperidyl] - N-phenylpropanamide).....	9813
(Federal Control April 25, 1985; State May 25, 1985)	
35. 3-Methylthiofentanyl (N- [3-methyl-1-[2-thienyl] ethyl-4-piperidiny] - N-phenylpropanamide).....	9833
(Federal Control Nov. 29, 1985; State May 25, 1985)	
36. Morpheridine.....	9632
37. MPPP (1-methyl-4-phenyl -4-propionoxypiperidine(Transferred Federally Jan. 23, 1987; State Feb. 22, 1987).....	9661
38. Noracymethadol.....	9633
39. Norlevorphanol.....	9634

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40. Normethadone	9635
41. Norpipanone	9636
42. Para-fluorofentanyl (N-[4-fluorophenyl] –N- [1-[2-phenethyl] –4-piperidinyl] propanamide	9812
(Federal Control March 10, 1986; State April 9, 1986)	
43. PEPAP (1-(-2-phenethyl) –4-phenyl –4-acetoxypiperidine(Transferred Federally Jan. 23, 1987; State Feb 22, 1987)	9663
44. Phenadoxone.....	9637
45. Phenampromide.....	9638
46. Phenomorphan.....	9647
47. Phenoperidine.....	9641
48. Piritramide.....	9642
49. Proheptazine.....	9643
50. Properidine.....	9644
51. Propiram.....	9649
52. Racemoramide.....	9645
53. Thiofentanyl (N-phenyl –N-[1-[2-thienyl] ethyl – 4 - piperidinyl] –propanamide	9835
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)	
54. Tilideine (Federal Control Dec. 1, 1980; State Dec 31, 1980).....	9750
55. Trimeperidine.....	9646

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

1. Acetorphine	9319
2. Acetyldihydrocodeine.....	9051
3. Benzylmorphine.....	9052
4. Codeine methylbromide.....	9070
5. Codeine –N-Oxide.....	9053
6. Cyprenorphine.....	9055
7. Desomorphine.....	9055
8. Dihydromorphine.....	9145
9. Drotebanol.....	9335
10. Etorphine (except hydrochloride salt).....	9056
11. Heroin.....	9200
12. Hydromorphanol.....	9301
13. Methyldesorphine.....	9302
14. Methyldihydromorphine.....	9304
15. Morphine methylbromide.....	9305
16. Morphine methylsulfonate.....	9306
17. Morphine –N-Oxide.....	9307
18. Myrophine.....	9308
19. Nicocodeine.....	9303
20. Nicomorphine.....	9312
21. Normorphine.....	9313
22. Pholcodine.....	9314
23. Thebacon.....	9315

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of this paragraph only, the term “isomer” includes the optical, position, and geometric isomers):

1. Alpha-ethyltryptamine, its optical isomers, salts and salts of isomers.....	7249
Some trade or other names: etryptamine, Monase; αethyl-1H-indole -3-ethanamine; 3-(2-aminobutyl) indole; α-ET; and AET. (Federal Control March 12, 1993; State Control April 11, 1993)	
2. 4-bromo – 2, 5 – dimethoxyamphetamine.....	7391
Some trade or other names: 2- (4-bromo- 2, 5- dimethoxy –α –methylphenethylamine; 4 – bromo- 2, 5-DMA.	
3. 4-bromo-2, 5-dimethoxyphenethylamine.....	7392
Some other trade or other names: 2-(4-bromo-2, 5-dimethoxyphenyl) -1-aminoethane; alpha-desmethyl DOB; 2 C-B, Nexus. (Federal Control Jan. 6, 1994; State Feb. 5, 1994)	
4. 2,5 – dimethoxyamphetamine.....	7396
Some trade or other names: 2,5 – dimethoxy – α – methyl- phenethylamine; 2, 5 -DMA	

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5. 2,5-dimethoxy-4-ethylamphetamine.....	7399
Some trade or other names: DOET (Federal Control Feb. 16, 1993; State March 18, 1993)	
6. 2,5 dimethoxy-4-(n) – propylthiophenethylamine (2CT-7), its optical isomers, salts and salts of isomers.....	7494
(Federal Control Sept. 20, 2002; State Oct. 20, 2002)	
7. 4-methoxyamphetamine	7411
Some trade names or other names: 4-methoxy – a-methyl-phenethylamine; paramethoxyamphetamine; PMA	
8. 5-methoxy-3, 4-methylenedioxy amphetamine	7401
9. 4 – methyl – 2, 5-dimethoxyamphetamine.....	7395
Some trade and other names: 4-methyl -2, 5-dimethoxy –a-methylphenethylamine; “DOM”; and “STP”.	
10. 3,4-methylenedioxy amphetamine.....	7400
11. 3,4 – methylenedioxymethamphetamine (MDMA).....	7405
(Federal Control March 23, 1988; State April 22, 1988)	
12. 3,4 –methylenedioxy-N-ethylamphetamine (also known as N-ethyl-alpha methyl-3,4 (methylenedioxy) phenethylamine, and N-ethyl MDA, MDE, MDEA	7404
13. N-hydroxy-3, 4-methylenedioxyamphetamine (also known as N-hydroxy-alpha- methyl -3,4 (methylenedioxy) phenethylamine, and N-hydroxy MDA	7402
(Federal Control April 13, 1989; State May 13, 1989)	
14. 3,4,5-trimethoxy amphetamine	7390
15. Alpha-methyltryptamine (other name: AMT),	7432
(Federal Control April 4, 2003; State May 4, 2003)	
16. Bufotenine	7433
Some trace and other names: 3- (β-Dimethylamino-ethyl) -5- hydroxyindole; 3-(2-dimethylaminoethyl) -5- indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine.	
17. Diethyltryptamine	7434
Some trade and other names: N,N-Diethyltryptamine; DET	
18. Dimethyltryptamine.....	7435
Some trade and other names: DMT	
19. 5-methoxy-N, N-diisopropyltryptamine (other name: 5-MeO-DIPT),.....	7439
(Federal Control April 4, 2003; State May 4, 2003)	
20. Ibogaine.....	7260
Some trade and other names: 7-Ethyl -6, 6β, 7,8,9,10,12,13-octahydro -2-methoxy- 6, 9-methano-5H-pyrido (1'2':1,2) azepino (5, 4-b) indole; tabernathe iboga.	
21. Lysergic acid diethylamide.....	7315
22. Marihuana.....	7360
23. Mescaline.....	7381
24. Parahexyl (Federal Control Dec. 22, 1982; State Jan. 21, 1983)	7374
Some trade or other names: 3-Hexyl -1- hydroxy- 7,8,9,10-tetrahydro-6, 6,9- trimethyl – 6H-dibenzo [b,d] pyran; Synhexyl.	
25. Peyote	7415
Meaning all parts of the plant presently classified botanically as Lophophora Williamsii Lemaire, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds or extracts.	
26. N-ethyl-3-piperidyl benzilate.....	7482
27. N-methyl 3-piperidyl benzilate.....	7484
28. Psilocybin.....	7437
29. Psilocyn	7438
30. Tetrahydrocannabinols	7370
Synthetic equivalents of the substances contained in the plant; on in the resinous extractives of Cannabis, sp. ... and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following: Δ 1 cis or trans tetrahydrocannabinol, and their optical isomers. Δ 6 cis or trans tetrahydrocannabinol, and their optical isomers. Δ 3,4 cis or trans tetrahydrocannabinol, and its optical isomers. (Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)	
31. Ethylamine analog of phencyclidine.....	7455
Some trace or other names: N-ethyl-1-phenylcyclohexylamine, (1 - phenylcyclohexyl) ethylamine, N-(1 phenylcyclohexyl) ethylamine, cyclohexamine, PCE. (Federal Control Oct. 25, 1978; State Jan. 19, 1978)	
32. Pyrrolidine analog of phencyclidine	7458
Some trade or other names: 1-(1-phenylcyclohexyl) – pyrrolidine, PCPy, PHP.	

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- (Federal Control Oct. 25, 1978; State Nov. 24, 1978)
33. Thiophene analog of phencyclidine7470
Some trade or other names: 1-(1-(2-thienyl) cyclohexyl) piperidine; 2-Thienyl Analog of Phencyclidine; TPCP.
(Federal Control Aug. 11, 1975; State Sept. 10, 1975)
34. 1-[1-(2-thienyl) cyclohexyl]pyrrolidine7473
Some other names: TCPy (Federal Control July 6, 1989; State Aug 5, 1989)

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

1. Gamma-Hydroxybutyric Acid (some other names include GHB; gamma hydroxybutyrate; 4-hydroxybutyrate; 4-hydroxybutanoic acid; sodium oxybate; sodium oxybutyrate)2010
(State Control October 23, 1998; Federal March 13, 2000)
2. Mecloualone2572
(Federal Control July 10, 1975; State Aug. 9, 1975)
3. Methaqualone2565
(Transferred Federally from Schedule II to Schedule I Aug 27, 1984; State Sept. 26, 1984)

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers.

1. Aminorex (Some other names: aminoxaphen, 2-amino-5-phenyl-2-oxazoline, or 4, 5 dihydro-5-phenyl-2-oxazolamine)..1585
(Federal Control Sept. 21, 1992; State Oct. 21, 1992)
2. N-benzylpiperazine (some other names: BZP: 1-benzylpiperazine), its optical isomers, salts and salts of isomers..... 7493
(Federal Control Sept. 20, 2002; State Oct. 20, 2002)
3. Cathinone.....1235
Some trade or other names: 2-amino-1-phenyl-1- propanone, alpha-aminopropiophenone, and norephedrone
(Federal Control Feb. 16, 1993; State March 18, 1993)
4. Fenethylamine1503
(Federal Control Aug. 20, 1981; State Sept. 19, 1981)
5. Methcathinone (Some other names: 2-(methylamino) – propiophenone; alpha – (methylamino) propiophenone; 2- (methylamino)-1-phenylpropan-1-one; alpha N-methylaminopropiophenone; monomethylpropion; phedrone; N - methylcathinone; methylcathinone; AL-464; AL-422; AL-463 and UR1432), its salts, optical isomers and ..
salts of optical isomers1237
(Federal Control May 1, 1992; State May 31, 1992)
6. 4-methylaminorex.....1590
(Federal Control April 13, 1989; State May 13, 1989)
7. N-ethylamphetamine1475
(Federal Control Jan. 7, 1982; State Feb. 6, 1982)
8. N, N-dimethylamphetamine1480
(Also know as N, N, alpha-trimethylbenzene- thanamine; and N, N, alpha- trimethylphenethylamine)
(Federal Control Aug. 3, 1988; State Sept. 2, 1988)

(g) Temporary listing of substances subject to emergency scheduling. Any material, compound, mixture or preparation which contains any quantity of the following substances:

1. N-[1-benzyl-4-piperidyl] – N-phenylpropanamide (benzylfentanyl), its optical isomers, salts and salts of isomers.....9818
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)
2. N-[1- (2- thienyl) methyl-4-piperidyl]-N- phenylpropanamide (thenylfentanyl),its optical isomers, salts and salts of isomers9834
(Federal Control Nov. 29, 1985; State Dec. 29, 1985)

Schedule II

(a) Schedule II shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the Controlled Substances Code Number set forth opposite it.

(b) Substances, vegetable origin or chemical synthesis. Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis.

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(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium and opiate, excluding apomorphine, thebaine-derived butorphanol, dextroproprium, nalbuphine, nalmefene, naloxone, and naltrexone, and their respective salts, but including the following.

1. Raw opium	9600
2. Opium extracts.....	9610
3. Opium fluid extracts	9620
4. Powdered opium.....	9639
5. Granulated opium	9640
6. Tincture of opium	9630
7. Codeine.....	9050
8. Dihydroetorphine.....	9334
(Federal Control Nov. 17, 2000; State Dec. 17, 2000)	
9. Ethylmorphine	9190
10. Etorphine hydrochloride	9059
11. Hydrocodone	9193
12. Hydromorphone.....	9150
13. Metopon.....	9260
14. Morphine	9300
15. Oxycodone.....	9143
16. Oxymorphone.....	9652
17. Thebaine	9333

(2) Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b) (1) of this section except that these substances shall not include the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves (9040) and any salt, compound, derivative or preparation of coca leaves [including cocaine (9041) and ecgonine (9180) and their salts, isomers, derivatives and salts of isomers and thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine.

(5) Concentrate of poppy straw (the crude extract of poppy straw is either liquid, solid or powder form which contains the phenanthrine alkaloids of the opium poppy), 9670.

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts and salts of isomers, esters and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextroproprium excepted:

1. Alfentanil.....	9737
(Transferred Federally from Schedule I to Schedule II Jan. 23, 1987; State Feb. 22, 1987)	
2. Alphaprodine.....	9010
3. Anileridine.....	9020
4. Bezitramide.....	9800
5. Bulk Dextropropoxyphene (non-dosage forms).....	9273
(Federal Control Sept. 22, 1980; State Oct. 22, 1980)	
6. Carfentanil	9743
(Federal Control Oct. 28, 1988; State Nov. 27, 1988)	
7. Dihydrocodeine	9120
8. Diphenoxylate.....	9170
9. Fentanyl.....	9801
10. Isomethadone.....	9226
11. Levo-alphaacetylmethadol	9648
(Federal transfer effective Aug. 18, 1993; State Sept. 17, 1993)	
12. Levomethorphan	9210
13. Levorphanol.....	9220
14. Metazocine	9240
15. Methadone	9250
16. Methadone-Intermediate, 4-cyano-2-dimethyl-amino-4, 4-diphenyl butane	9254
17. Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid	9802
18. Pethidine (meperidine).....	9230
19. Pethidine – Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine	9232
20. Pethidine-Intermedicate-B, ethyl-4-phenylpiperidine-4-carboxylate.....	9233
21. Pethidine-Intermediate-C, 1-methyl-2-phenylpiperidine-4-carboxylic acid	9234

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|--|------|
| 22. Phenazocine..... | 9715 |
| 23. Piminodine..... | 9730 |
| 24. Racemethorphan..... | 9732 |
| 25. Racemorphan..... | 9733 |
| 26. Remifentanil..... | 9739 |
| (Federal Control Nov. 5, 1996; State Dec. 5, 1996) | |
| 27. Sufentanil (Transferred Federally from Schedule I to Schedule II May 25, 1984; State June 24, 1984)..... | 9740 |
- (d) Stimulants, Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:
- | | |
|--|------|
| 1. Amphetamine, its salts, optical isomers, and salts of its optical isomers..... | 1100 |
| (Transferred Federally from Schedule III to Schedule II on July 17, 1971; State Effective upon adoption of the Alabama Uniform Controlled Substances Act On Sept. 16, 1971) | |
| 2. Methamphetamine, its salts, isomers, and salts of its isomers..... | 1105 |
| (Transferred Federally from Schedule III to II on July 17, 1971; State effective Upon adoption of the Alabama Uniform Controlled Substances Act on Sept.16, 1971) | |
| 3. Phenmetrazine and its salts..... | 1631 |
| (Transferred Federally from Schedule III to II on July 17, 1971; State effective upon adoption of the Alabama Uniform Controlled Substances Act on Sept. 16, 1971) | |
| 4. Methylphenidate..... | 1724 |
| (Transferred Federally from Schedule III to II on July 17, 1971; State effective on July 17, 1971, State effective upon adoption of the Alabama Uniform Controlled Substances Act on Sept. 16, 1971) | |
- (e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
- | | |
|--|------|
| 1. Amobarbital (Rescheduled Federally Dec 17, 1973; State Jan. 16, 1974)..... | 2125 |
| 2. Glutethimide (Rescheduled Federally Mar 21, 1991; State April 20, 1991)..... | 2550 |
| 3. Pentobarbital (Rescheduled Federally Dec. 17, 1973; State Jan. 16, 1974)..... | 2270 |
| 4. Phencyclidine (Rescheduled Federally Feb. 24, 1978; State Mar. 26, 1978)..... | 7471 |
| 5. Secobarbital (Rescheduled Federally Dec. 17, 1973; State Jan. 16, 1974)..... | 2315 |
- (f) Hallucinogenic substances.
- | | |
|---|------|
| 1. Nabilone..... | 7379 |
| (Another name from nabilone: [+] -trans-3-(1,1-dimethylheptyl) -6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy-6-6, dimethyl-9H-dibenzo [b,d] pyran – 9 – one).(Federal Control April 7, 1987; State Control May 7, 1987) | |
- (g) Immediate precursors, Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:
- | | |
|--|------|
| 1. Immediate precursor to amphetamine and methamphetamine: | |
| (i) Phenylacetone..... | 8501 |
| (Some trade or other names; phenyl-2-propanone; P2P; benzyl methyl ketone;..... methyl benzyl ketone: (Federal Control Feb. 11, 1980; State Mar. 12, 1980) | |
| 2. Immediate precursors to phenylcyclidine (PCP); (Federal Control June 16, 1978; State July 16, 1978) | |
| (i) 1-phenylcyclohexylamine..... | 7460 |
| (ii) 1-piperidinocyclohexanecarbonitrile (PCC)..... | 8603 |
- (h) Any drug product exempted from control by the Federal Drug Enforcement Administration will also be exempted from the Alabama Controlled Substances List unless the State Board of Health takes additional action.

Schedule III

(a) Schedule III shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section . Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

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1. Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in schedule II which compounds, mixtures, or preparations were listed on August 25, 1971; as composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances....	1405
2. Benzphetamine (Federal Control June 15, 1973; State July 15, 1973)	1228
3. Chlorphentermine (Federal Control June 15, 1973; State July 15, 1973)	1645
4. Clortermine (Federal Control June 15, 1973; State July 15, 1973).....	1647
5. Phendimetrazine (Federal Control June 15, 1973; State July 15, 1973)	1615
6. Any drug product containing gamma hydroxybutyric acid, including its salts, isomers, and salts of isomers, for which an application is approved under section 505 of the Federal Food, Drug and Cosmetic Act	2012 (Federal Control Mar 13, 2000; State April 12, 2000)
(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:	
1. Any compound, mixture, or preparation containing:	
(i) Amobarbital.....	2126
(ii) Secobarbital.....	2316
(iii) Pentobarbital	2271
or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule.	
2. Any suppository dosage form containing:	
(i) Amobarbital.....	2126
(ii) Secobarbital.....	2316
(iii) Pentobarbital	2271
or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository.	
3. Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof.....	2100
4. Chlorexadol	2510
5. Any drug product containing gamma hydroxybutyric acid including its salts, isomers, and salts of isomers, for which an application is approved under section 50 of the Federal Food, Drug, and Cosmetic Act	2012 (Federal Control Mar 13, 2000; State Control April 12, 2000)
6. Ketamine, its salts, isomers, and salts of isomers	7285
[Some other names for ketamine: (\pm)-2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone]. (State Control April 24, 1999; Federal August 12, 1999)	
7. Lysergic acid	7300
8. Lysergic acid amide.....	7310
9. Methyprylon	2575
10. Sulfondiethylmethane	2605
11. Sufonethylmethane	2605
12. Sulfonmethane.....	2610
13. Tiletamine and zolazepam or any salt thereof	7295
(Some trade or other names for a tiletamine-zolazepam combination product: Telazol.) (some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thinenyl)- Cyclohexanone.) (some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1, 3,8- trimethylpyrazolo-3,4-e) .. (1,4)-diazepin-7 (1H)- one, flupyrzapon.)	
(d) Nalorphine	9400
(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below;	
1. Any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:	
(i) Cough Syrups Containing Codeine where placed in Schedule III by the State Committee of Public Health on March 20, 1974.	
(ii) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.....	9803
(iii) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts	9805
(iv) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium	9805
(v) Not more than 200 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts	9806
(vi) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per	

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dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts	9807
(vii) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts ...	9808
(viii) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts	9809
(ix) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.....	9810
2. Any material, compound, mixture, or preparation containing any of the following narcotic drugs or their salts, as set forth below:	
(i) Buprenorphine (Rescheduled Federally Oct 7, 2002; State Nov. 6, 2002)	9064
 (f) Anabolic steroids. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts of isomers is possible within the specific chemical designation;	
1. Anabolic Steroids	4000
(Federal Control Feb. 27, 1991; State Control May 1, 1968. Transferred from Schedule V effective March 29, 1991)	
2. Exempt anabolic steroid products. (Any anabolic steroid products exempted by the	
Federal Drug Enforcement Administration's Controlled Substances List are included.)	
 (g) Hallucinogenic substances.	
(1) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule is a U.S. Food and Drug Administration approved drug product	7369
[Some other names for dronabinol: (6aR-trans) - 6a, 7, 8, 10a-tetrahydro-6, 6, 9-trimethyl-3-pentyl-6H-dibenzo[b,d] pyran-1-o1] or (-)-delta-9- (trans) -tetrahydrocannabinol)	
(Rescheduled Federally July 2, 1999; State Aug. 1, 1999)	
 (h) Any drug product exempted from control by the Federal Drug Enforcement Administration will also be exempted from the Alabama Controlled Substances List unless the State Board of Health takes additional action.	
 Schedule IV	
(a) Schedule IV shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.	
 (b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below;	
1. Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit. (Federal Control Sept, 27, 1978; State Oct. 27, 1978.)	9167
2. Destropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-Propionoxybutane).....	9278
(Federal Control Mar 14, 1977; State April 13, 1977) Federal classification as narcotic drug July 24, 1980.	
3. Butorphanol - - (State Control Sept. 24, 1997)	
 (c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:	
1. Alprazolam (Federal Control Nov. 12, 1981; State Dec. 12, 1981)	2882
2. Barbital	2145
3. Bromazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2743
4. Camazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984)	2749
5. Carisoprodol (State Control Jan. 1, 1998).....	
6. Chloral betaine.....	2460
7. Chloral hydrate	2465
8. Chlordiazepoxide (Federal & State Control July 2, 1975).....	2751
9. Clobazam (Federal & State Control July 2, 1975).....	2744
10. Clonazepam (Federal & State Control July 2, 1975)	2737
11. Clorazepate (Federal & State Control July 2, 1975)	2768

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12. Clotiazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2752
13. Cloxazolam (Federal Control Nov. 5, 1984; State Dec 5, 1984).....	2753
14. Delorazepam (Federal Control Nov.5 1984; State Dec. 5, 1984).....	2754
15. Diazepam (Federal & State Control July 2, 1975).....	2765
16. Dichloralphenazone (Federal Control Aug. 16, 2001; State Sept. 15, 2001).....	2467
17. Estazolam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2756
18. Ethchlorvynol.....	2540
19. Ethinamate.....	2545
20. Ethyl loflazepate (Federal Control Nov. 5, 1984; State Dec 5, 1984).....	2756
21. Fludiazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2759
22. Flunitrazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2763
23. Flurazepam (Federal & State Control July 2, 1975).....	2767
24. Halazepam (Federa Control Oct. 29, 1981; State Nov. 28, 1981).....	2762
25. Haloxazolam Federal Control Nov. 5, 1984; State ec. 5, 1984).....	2771
26. Ketazolam (Federal Control Nov. 5, 1984; State Dec 5, 1984).....	2772
27. Loprazolam (Federal Control Nov. 5, 1984; State Dec. 5, 1984.....	2773
28. Lorazepam (Federal Control Oct. 3, 1977; State Nov. 2, 1977).....	2885
29. Lormetazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2774
30. Mebutamate (Federal & State Control July 2, 1975).....	2800
31. Medazepam (Federal Control Nov.5, 1984; State Dec. 5, 1984).....	2836
32. Meprobamate.....	2820
33. Methohexital.....	2264
34. Methylphenobarbital (mephobarbital).....	2250
35. Midazolam (Federal March 25, 1986; State April 24, 1986).....	2884
36. Nimetazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2837
37. Nitrazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2834
38. Nordiazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2838
39. Oxazepam (Federal & State Control July 2, 1975).....	2835
40. Oxazolam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2839
41. Paraldehyde.....	2585
42. Petrichloral.....	2591
43. Phenobarbital.....	2285
44. Pinazepam (Federal Control Nov. 5, 1984, Dec. 5, 1984).....	2764
45. Prazepam (Federal Control Dec. 17, 1976; State Jan. 16, 1977).....	2765
46. Quazepam (Federal Control March 25, 1986; State April 24 1986).....	2811
47. Temazepam (Federal Control April 7, 1981; State May 7, 1981).....	2925
48. Tetrazepam (Federal Control Nov. 5, 1984; State Dec. 5, 1984).....	2886
49. Triazolam (Federal Control Dec. 28, 1982; State Jan. 27, 1983).....	2887
50. Zalephlon (Federal Control Sept. 15, 1999; State Oct. 15, 1999).....	2781
51. Zolpidem (Federal Control Feb. 5, 1993; State Mar 7, 1993).....	2783
52. Zopiclone (Federal Control April 4, 2005; State May 4, 2005).....	2784

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible;

1. Fenfluramine (Federal Control June 15, 1973; State July 15, 1973).....	1670
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(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, (whether optical, position, or geometric), and salts of such isomers is possible within the specific chemical designation:

1. Cathine ([+]-norpseudoephedrine) (Federal Cotnrol June 16, 1988; State July 16, 1988).....	1230
2. Diethylpropion (Federal Control June 15, 1973; State July 15, 1973).....	1608
3. Fencamfamin (Federal Control June 16, 1988; State July 16, 1988).....	1760
4. Fenproporex (Federal Control June 16, 1988; State July 16, 1988).....	1575
5. Mazindol (Federal Control June 15, 1973; State July 15, 1973. Transferred Federally from Schedule III to IV Nov. 27, 1981; State Dec. 27, 1981).....	1605
6. Mefenorex (Federal Control June 16, 1988; State July 16, 1988).....	1580
7. Modafinil (Federal Control Jan. 27, 1999; State Feb. 28, 1999).....	1680
8. Phentermine (Federal Control June 15, 1973; State July 15, 1973).....	1640
9. Pemoline (including organometallic complexes and chelates thereof) (Federal Control Jan. 28, 1975; State Feb.	

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- 27, 1975).....1530
10. Pipradrol (Federal Control Dec. 1, 1980; State Dec. 31, 1980)1750
11. Sibutramine (Federal Control Feb. 11, 1998; State Mar 13, 19998).....1675
12. SPA ([-] -1-dimethylamino-1,2-diphenylethane) (Federal Control Dec. 1, 1980;
Dec. 31, 1980)1635
- (f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, included its salts:
1. Pentazocine (Federal Control Feb. 9, 1979; State March 11, 1979). Rescheduling effective Sept. 23, 1988; All Pentazocine products moved to Schedule IV effective Sept. 1, 1994.).....9709
- (g) Any drug product exempted from control by the Federal Drug Enforcement Administration will also be exempted from the Alabama Controlled Substances List unless the State Board of Health takes additional action.

Schedule V

- (a) Schedule V shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section.
- (b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs and their salts, as set forth below:
1. (Reserved)
- (C) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by narcotic drugs alone:
1. Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.
2. Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.
3. Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.
4. Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.
5. Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit. (Federal Control Sept. 27, 1978; State Oct. 27, 1978)
- (d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having stimulant effect on the central nervous system, including its salts, isomers and salts of isomers:
1. Pyrovalerone.....1485
(Federal Control May 4, 1988; State June 3, 1988)
- (e) Depressants. Unless specifically exempted or excluded or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts:
1. Pregabalin {(S)-3-(aminomethyl) – 5 methylhexanoic acid}.....2782
(Federal Control July 28, 2005; State Aug 28, 2005)
- (f) Any drug product exempted from control by the Federal Drug Enforcement Administration will also be exempted from the Alabama Controlled Substances List unless the State Board of Health takes additional action.

Donald E. Williamson, MD
State Health Officer
9/06

SIGNIFICANT STATUTORY PROVISIONS AND REQUIREMENTS

The American Dental Association Principles of Ethics and Code of Professional Conduct 1.B (PATIENT RECORDS) provides the following concerning the release of patient records:

1-B. PATIENT RECORDS.

Dentists are obligated to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Upon request of a patient or another dental practitioner, dentists shall provide any information that will be beneficial for the future treatment of that patient.