

JUNE 2013 NEWSLETTER



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Governor Bentley Signing SB 203

Pictured are Rep. Jim McClendon, House Sponsor, Dr. J. David Northcutt, III, President, Alabama Board of Dental Examiners, Dr. William E. Chesser, Board Member, Governor Robert Bentley, Dr. Tracy Northcutt, and Ms. Susan Wilhelm, Executive Director.

SB 203 was passed unanimously by both the Alabama House of Representatives and the Alabama State Senate and signed into law by Governor Bentley.

Expanded Duty Assistants

By Dr. David Northcutt D.M.D.

WHAT DOES IT MEAN? HOW DID WE GET WHERE WE ARE?

WHAT PROMPTED ACTION?

WHAT IS GOING TO HAPPEN FROM HERE?

Expanded Duty Assistant is a new category of licensee in the state of Alabama. The Board successfully introduced legislation in the 2013 Regular Session of the Alabama Legislature . Senator Paul Bussman introduced SB 203 and the bill was unanimously passed by both Chambers. Governor Bentley signed the bill on May 16, 2013 which created the new license. Now that the license has been created, the Board, ALDA, and UAB will be jointly meeting to decide what duties EDAs can perform and what the training protocol will involve. EDAs at a minimum will be restoring prepped teeth with amalgam and composite after the dentist has completed the prep.

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If the joint committee decides that they should be allowed to perform more functions, then additional duties may be added. Once the parameters are established, the Board will put forth a complete listing of the duties EDAs are allowed to perform in Board Rule.

Next, the training requirements will be decided by the joint committee. The Tennessee model may very well serve as a guide that allows weekend training of current assistants. This would be similar to the ADHP. Also, UAB will be deciding if it will offer this training program alone or in conjunction with the various junior colleges. Once an applicant graduates from an approved training facility, he or she will then be required to pass a Board exam before being granted a license to practice as an Expanded Duty Assistant in Alabama.

Many have asked, "How did this come about and what were the precipitating factors?" It became evident to the Board that the Midlevel Provider Model was gaining momentum from a Federal prospective as a viable answer to the national "Access to Care" issue. The Patient Protection and Affordable Care Act, also known as ObamaCare, was upheld by the Supreme Court in the fall of last year and has provisions for training midlevel providers and allocates funds for that training. The Board strongly believes this mid-level provider model will put Alabama citizens at risk and therefore decided to act by creating Expanded Duty Assistants. This "Expanded Duty Assistant" model requires direct dentist supervision and will also improve access to care.

EDAs are currently being used in twenty-three other states as well as the US military and

the Indian Health Service. The Board decided the push for EDAs in Alabama was going to be done in conjunction with ALDA and the AGD or not at all. The Board started the ball rolling by meeting with Dr. Zack Studstill, Executive Director for ALDA, and Dr. Paul Bussman, State Senator for Winston, Cullman, and Lawrence counties who graciously agreed to look further into the potential for an EDA license in Alabama. Dr. Studstill attended a Board meeting with ALDA president, Dr. Mike Edwards, and Dr. Bob Jones to discuss the idea before presenting it to ALDA's Executive Committee. Dr. Studstill, Dr. Edwards, and Dr. Jones understood the urgency associated with timing the introduction of legislation during the already-commenced session and before competing mid-level provider legislation could be introduced.

Once the Executive Committee was approached, a phone conference was held to again explain the Board's request for a joint venture and the further request that ALDA take the lead in developing the EDA training program. The Executive Committee understood the Board's position but wanted to survey their membership before moving forward. The results of the survey showed that most ALDA members were in favor of Expanded Duty Assistants by a 2 to 1 margin. As a result, the Board was given the "green light;" the legislation was pursued; and the bill will become law August 1, 2013.

With its passage of this bill, the dental community can definitely state that we acknowledge the "Access to Care" issues and we are taking tangible steps to address the issue in a way that is safe for the citizens of our state. ■

Message from the President

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



What Has Changed in the Last Five Years?

The last five years started out as some of the most contentious times in the history of the Board of Dental Examiners of Alabama and the dental community as a whole. Thankfully, we now have a more stable and harmonious environment. Even though there have been “tough times” on the Board there have been a lot of positive results that have enhanced our dental community.

Established new full time leadership for the Board

The Board created the position of Executive Director and, thankfully, secured Ms. Susan Wilhelm to fill the position. Ms. Wilhelm understands that the Board's primary purpose is to protect the public. However, she also understands that we are charged with serving our many dental and hygiene licensees.

Established new Legal Team Leader

We are very fortunate to have Dr. Donna Dixon serve as prosecuting attorney for the Board. She not only has a law degree but is a Board certified Prosthodontist as well. She has helped tremendously to improve the Board's protocols to ensure due process for licensees during the complaint process.

Hired a new Governmental Affairs Consultant

The Board secured the services of Mr. Steve Windom, the former Lt. Governor of the State of Alabama as our G.A.C. Mr. Windom has played an integral part in the Board's successful passage of significant legislation over the past four years.

Reworked the complaint process to ensure Board member control as opposed to attorney control

The Board created Case Review Teams led by a supervising board member, who serves as the “quarterback” for the team. The leaders, appointed by rotation, control the major decisions of the process. After the investigative process is complete, the case review team leader presents the findings to the Board for its approval.

Required that complaints from patients be on an official Board complaint form and notarized

This requirement has cut the amount of complaints received by two-thirds.

Eliminated the many advertising stipulations from the Dental Practice Act

The requirement now is that any advertisement must not be false or fraudulent.

Allowed administrative violations to be treated differently from standard-of-care violations

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This change allows the Board to process administrative violations in a way that costs the licenses involved less money and avoids any “black marks” on their national records for infractions not related to the standard of care.

Official Board minutes are now posted on the website

Established parameters for Botox and dermal fillers

Established the validity of sleep apnea devices, snore guards, and their place in Alabama dentistry

Changed the requirement for continuing education from twenty-hours every year to forty hours every two years

Allowed existing assistants to do more procedures (see article on pg. 15)

Allowed existing hygienists to do more procedures (see article on pg. 15)

Created new license in the form of expanded duty assistants (see previous article)

Progressed from being reviewed yearly by the Legislative Sunset Committee, which signifies an unhealthy Board, to being

reviewed on a regular, four-year term, signifying a healthy Board

These were some of the more notable changes that took place. I cannot say enough about the group effort it took to accomplish these changes. There were way too many people who contributed to be able to list all that helped. There were Board Member contributions, staff contributions, outside organizations such as ALDA and the AGD, and many other dentists who worked behind the scenes.

I would like to say it has been a pleasure serving with the current Board Members:

Dr. Bobby Wells, Vice President
 Dr. Steve Stricklin, Secretary/ Treasurer
 Dr. Tom Willis, Immediate Past President
 Dr. Sam Citrano, Jr., Board Member
 Dr. Bill Chesser, Board Member
 Ms. Kay Alexander, Hygiene Board Member

It was also a pleasure to serve with the past Board Members:

Dr. Leo DeRosier
 Dr. Mike Mahan
 Dr. Karen McCaffrey
 Ms. Renae Chapman, Hygiene Board Member
 So many dentists helped behind the scenes. These individuals made unbelievable contributions:

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- Dr. Bill Buck
- Dr. Paul Bussman
- Dr. Gerry Walker
- Dr. Tom Barnes
- Dr. Lee Chamoun
- Dr. John York

Willis, has provided to me personally as well as to the Board as a whole. This state is a much better place to practice for all of us because he saw problems and was willing to get involved.

Lastly, I cannot say enough about the leadership Immediate Past President, Dr. Tom

CAN I HAVE YOUR ATTENTION PLEASE

We will be sending 2014 license renewal notices by September 1st.

It is imperative that we have your correct contact information or you will not receive a notice. Fax, email or mail your new address, email, and phone #.

Remember that renewals are due by October 1st.

* * * * *

In the very near future all correspondence from the Board will be by email. For this reason, we must have an individual email address for each licensee. A single, office email cannot be used for multiple licensees.



FREQUENTLY ASKED QUESTION



- ❖ Dentists are allowed to use Botox and Dermal fillers in any area of the face to treat maxillofacial trauma, and for the treatment of diagnosed dental and orofacial problems/pain and conditions and for cosmetic purposes following proper continuing education and certification. Found in July 2010 minutes
- ❖ The Board does not accredit Continuing Education courses. This is done by the Academy of General Dentistry or American Dental Association, the Board will accept their accreditation for Continuing Education courses. The individuals taking and/or giving any Continuing Education courses are each responsible for insuring that the course meets the requirements of Alabama Dental Practice Act 270-X-4.04.
- ❖ The Alabama Dental Practice Act does not address the length of time that you must maintain patient records, however, retention of lab prescriptions is found in Code of Alabama (1975), §34-9-21 wherein it states the length of retention for lab prescriptions is 2 years. Considering forensic value and need for defending a patient complaint, also please check with your malpractice insurance carrier and/or ADA for more guidance with this issue.

Regional Exam for Licensure

Sam J. Citrano, Jr., D.M.D



Many of us, when finishing dental school, took a state board exam for initial licensure which was given once a year for a particular state. Over the last eight years, licensure exams have changed. Some States

have elected to use regional exams in lieu of a State Board exam. Alabama accepts regional exams for initial licensing as long as they fulfill the Board's requirements. The UAB School of Dentistry allows the Council of Interstate Testing Agencies (CITA) to administer a regional exam at their school. Many of the dental students who take the CITA exam have the opportunity to take the manikin portion of the exam as a junior student. As a senior dental student they can then take the clinical portion if they had successfully passed the manikin portion as a junior. This gives a dental student multiple opportunities to take an exam for licensure.

Having worked with CITA since its early inception, I have seen the exam evolve into a well balanced, highly organized, and structured exam. All examiners go through extensive training to create a consistent exam. Everyone involved with the CITA exam reviews an online calibration session which is

updated annually. The online calibration is a 6 to 8 hour presentation that reviews every phase of the exam with slides of each category tested. All examiners participate in a four-hour, onsite calibration session the day before an exam is given at a particular dental school and are given an exam which they must pass in order to qualify as an official grader. The pool of examiners is proportioned with a ratio of in-state versus out-of-state graders. This is to keep a psychometrically balanced exam between states and a consistent standard among CITA exams given in the other states.

When the CITA exam is given, there is usually a chief who oversees all aspects of the exam and a co-chief who assists the chief. Clinic floor examiners (CFEs) are on the student's side of the exam and cannot cross over to the grading side of the exam. Graders are the examiners who actually independently grade a candidate's performance and cannot cross over to the student side of the exam. TSAs, CITA support personnel, and assistants help with the administration of the exam and keep the paperwork flowing in an organized fashion. Anonymity is an important part of this exam. The examiners and the candidates are issued numbers so that examiners do not know who the candidates are and visa versa. Also, examiners do not know what grades

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another examiner has given to the candidate's performance.

The CITA exam has truly evolved from a paper-based exam to a computer-based exam for scoring. Every year there have been significant improvements made to simplify and enhance the process for the candidates and examiners. For this year's testing cycle, the iPad will be used to assist the graders in scoring. This allows CITA the benefit of evaluating a candidate's performance in real time, cuts

out a tremendous amount of paper, and enables CITA the opportunity to notify a candidate of his or her performance soon after a candidate has taken the exam. The CITA exam is currently administered in Alabama, Louisiana, North Carolina, and Puerto Rico. It is recognized for licensure in 26 states and territories. There are many regional exams in the US and most are accepted in Alabama for licensure. This is a brief overview of the CITA exam for licensure. If anyone has questions or would like to become involved with the examination process please do not hesitate to contact a board member or the board office for more information.

One liners to help you lighten up!

Q: What does the dentist of the year get?

A: A little plaque

Q: What game did the dentist play when she was a child?

A: Caps and robbers

Q: What is a dentist's office?

A: A filling station

What did the dentist say to the golfer?

A: "You have a hole in one.



Q: Why does a dentist seem moody?

A: Because he always looks down in the mouth.

Q: What was the dentist doing in Panama?

A: Looking for the Root Canal

Q: What did the tooth say to the departing dentist?

A: Fill me in when you get back



Keep in Touch!

When your home or office address, phone, and/or email changes, email, fax or mail your new information to us.

Send a copy of your marriage/divorce certificate to change your name on your record.

If you want a new wall certificate send a \$25.00 check or money order with request.

Rule Changes that Affect Hygiene Licensees

Ms. Sandra Kay Alexander, RDH



Greetings Alabama Dental Hygienists! As we begin our new year, it is always important to review any new Rules that the Board of Dental Examiners might have passed recently. There have been some changes to Rule 270- X-3.10 *Duties of*

Allied Dental Personnel which are too long to list here, so be sure to read the updated Section of the Practice Act which addresses these. This Rule can be found on our website www.dentalboard.org beginning on page 73 of the Alabama Dental Practice Act.

If you are currently licensed with an expiration date of 12/31/2013, the years 10/1/2011 to 9/30/2012 and 10-1-2012 to 9/30/2013 are bundled for you as far as having required CEs. This means that you will have had from October 1, 2011 until September 30, 2013 to obtain twenty-four hours of Continuing Education for renewal of your license for 2013 and 2014. If you are confused about your bundled years please contact the office for clarification.

Remember that at least twelve (12) of the twenty-four (24) hours must be class room attendance; this includes CPR. *Rule 270-X- 4.04,*

Mandatory Continuing Education can be found beginning on page 79 of the Practice Act. Documentation and good record keeping are essential if you are selected for audit.

Students of the ADHP and of Wallace State Dental Hygiene Program will be given the opportunity to take the Dental Hygiene CITA Regional Exam June 20 & 21, 2013 in Birmingham. This will be a first for the hygiene students in Alabama to be able to take a regional exam in our state.

The Council of Interstate Testing Agencies, a Southeast Regional testing agency out of Cary, North Carolina has contracted with the Board of Dental Examiners of Alabama to administer the clinical exam as well as the comprehensive exam for the ADHP students. Students who have graduated from CODA accredited programs, and have taken and passed the Dental Hygiene National Board will have mobility across state lines into states that accept CITA. The ADHP graduate students will still not have mobility across state lines but being able to take the same regional clinical exam that other dental hygiene students across the southeast takes will give validation to our program. The BDEA is excited that our students will be afforded this opportunity to take the exam. Dentists and Dental Hygienists graders from other states will be coming in to grade at the clinical exam.

Director's Corner

Susan Franklin Wilhelm, JD



First, it has been a privilege and a pleasure to work with the dental community over the past 18 months. I have been able to meet many of you in person and I want to thank everyone for their gracious welcomes and offers of assistance.

My primary directive from the Board was to address the outstanding issues noted in the Board's 2011 Sunset Review. I am happy to say that, with the diligent efforts of the Board and the Board Staff, most all of the outstanding issues were resolved. The Examiners of Public Accounts reviewed the Board and its operations in August, 2012, and the report submitted to the Legislature was very positive. As a result of everyone's hard work, the Board of Dental Examiners was renewed for four years.

After the conclusion of our sunset review, the Board Staff moved into the renewal season. This year, all licenses were renewed on paper and all licensees were required to provide or confirm their email addresses in preparation for online license renewal. We have upgraded our hardware and software and contracted with a new online payment processor to facilitate online renewals. You will be receiving correspondence from the

Board regarding online renewals in the coming weeks. We are very excited to moving forward with online license renewals.

The 2013 Regular Session of the Alabama Legislature was a big year for the Dental Board. We put forth proposed changes to the Dental Practice Act addressing particular issues: making our ability to issue subpoenas more functional, cleaning up procedural defects, clarifying fees related to our professionals' wellness program, and clarifying voting procedures for Board elections. With the active engagement of the Alabama Dental Association, the Board proposed the licensure of expanded duty dental assistants. In a year when passing legislation was, at best, slow and contentious, the Board was able to pass our legislative changes with a minimum of controversy and with unanimous votes in both the Alabama State Senate and the Alabama House of Representatives. Governor Robert Bentley signed Senate Bill 203 into law on May 16, 2013. This accomplishment is due to the efforts put forth by our Governmental Affairs consultant, Steve Windom and his associate, Ragan Ingram.

In closing, I have greatly enjoyed my first year with the Board of Dental Examiners. It has been a challenging year, but one full of opportunities. I look forward to meeting more of you in the future and encourage you to please contact the Board office with any questions or concerns. ■

New Member of the Board

Dr. William Eugene Chesser



Greetings from the most recently elected Board member. I was elected in October to serve a term on the BDE. I want to thank all of you who voted in the election. It is a privilege for Alabama dentists to choose their board by an election. We are one of only a few states which still have this option. Most

of the Dental Boards across the nation are appointed by their Governors.

I want to thank the current Board members and staff for making my transition into this position as smooth as possible. Everyone has been extremely helpful and I am very grateful.

The following article is from the Alabama AGD newsletter *The Alabama Composite*. It concerns a topic that should be important to every dentist in the state. Please be aware of changes that could affect our profession, I believe, in a negative way.

I never thought I would see the day when non-dentists would be doing the procedures for which we were trained. But this is an ever-present threat now.

There are several forces driving this new “alternative dental provider” or “mid-level provider” movement. Primary among them are the *Pew Center on States* and the *W. K. Kellogg Foundation*. Both of these foundations claim to promote the development of the dental therapist as a solution to the supposed shortage of licensed dentists in our country. The training for these dental therapists is

modeled after that set up in New Zealand and **Great Britain**.

At this time, dental health aid therapists (**DHAT**) are actually **at work** in **Alaska** and **Minnesota**. The DHAT in Alaska was supposed to be the perfect answer to the lack of dental care in remote villages of this vast state. The Alaskan DHAT can perform ‘reversible and/or irreversible procedures, such as fillings, pulpotomies, and simple (?) extractions’. The ADA and AGD have always maintained that “mid-level providers” should not perform irreversible dental treatment.

The W. K. Kellogg Foundation has research which indicates there are 50 Million people who live in areas not served by dentists. They say we need 9,000 more providers to meet these needs. The Foundation has made **\$16 Million** available in support of DHAT training for the states of New Mexico, Ohio, Vermont, Kansas, and Washington.

The Kellogg plan decrees that the therapists will train for two years (after completing high school), then practice under “general supervision”, which can be provided off site in communication via phone, fax, or internet.

The AGD actually believes that, with numerous dental schools opening now, and with so many dentists reporting empty chairs in their offices today, there is actually **No Shortage** of licensed dentists; there is merely an uneven distribution.

Ah, you say: but that is Alaska and Minnesota; those faraway states have nothing to do

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with us down here in Alabama. *Did you know that Georgia has been fighting just such a program now being developed in Atlanta?* Alabama could well be next.

WHAT CAN WE DO? (1) Each of us must be aware and alert. Today, start watching the news from AGD and ADA, both of which work to protect our profession. (2) Keep in touch with your legislator. Make sure he or she understands the truth about what is happening. (3) Make it your business to be familiar with **AGD's White Paper on Access-to-Care** (agd.org), which explains funding for solutions which will work, rather than experiments based on suppositions which may not work.

AIAGD, at its last Board Meeting in February, 2013, voted to support legislation in conjunction with the **Alabama Board of Dental**

Examiners and the Alabama Dental Association, to develop an "Enhanced Function Dental Assistant" (**EFDA**) in Alabama.

Much work is ahead to determine the rules and duties for an EFDA. However, we believe they would be allowed to perform many of the **reversible procedures** which licensed dentists perform. In this plan, the assistants would be directly supervised by the dentist. Their enhanced functions would allow the practitioner to see more patients.

Remember, however, that—although **AGD** provides the **eyes, ears, and voice** for the **general dentist**—its legitimate representation can only be as strong as the **involvement** of individual members. **YOU!** Dear Reader, you have read this far. Now, **Get Moving!**

The preceding article reflects the opinions of the Editor, not necessarily those of Alabama AGD. ■

BE INFORMED !

Be sure to visit our website www.dentalboard.org and review the newly updated Dental Practice Act.

There are important changes that all licensees are responsible to know.

*****More changes to come in the near future*****

The Question of Records Retention

By Stephen R. Stricklin, DMD, MAGD



Every so often I am asked "how long do I need to retain patient records?" Seven years seems to be the most common opinion.

A search on the ADA web site www.ada.org for re-

retention of dental records, Dental Records, brings up a section on Retention and Storage (p 10):

"State laws and participating provider contracts generally specify the time following the last patient visit that records must be maintained. There is usually a different requirement for the retention of records of children; these records must be kept for a certain period after the child reaches the age of majority. HIPAA also affects record keeping requirement for offices that are covered by generally requiring that such offices maintain patient records for six (6) years and two (2) years after a patient's death. The dental office should have a records retention policy and all staff should understand it. The office's

professional liability insurance company will likely have recommendations about retention."

I could not find anything online or in the HIPAA manual.

I contacted my liability carrier, Mutual Assurance Risk Management Department who provided good, usable information. Medical and dental records are handled the same. As a general rule, they recommend patient records be kept for 10 years. Alabama only requires retention of four (4) years for adult patients. There is a discovery rule of 2 years but not to exceed 4 years from time of treatment. For children, records should be kept for at least 4 years after maturity. Mutual Assurance would be happy with a 4-year retention but recommends 10 years. On page 25 of this Dental Records Document is a list of other documents, i.e. EOB'S, and their retention time. Go to American Dental Association's website, Professional Resources; search for Retention of Dental records, Dental records.

Every licensee should check with his or her mal-practice carrier's risk management department for their requirements. ■

Kudos to the Board's Support Staff

By David Northcutt, D.M.D.

I cannot say enough about the staff at the Dental Board. These individuals have worked tirelessly to help Board Members transform the Board into a more user friendly entity for its licensees. More importantly, they have helped to improve the complaint review procedures to better insure due process as the Board fulfills its obligation of public protection.

Mrs. Susan Wilhelm, the Board's Executive Director has been invaluable in several ways since joining the Board. Most notably, she put in an unbelievable amount of time with the Examiners in the Sunset Review process. She was largely responsible for taking the Board from being reviewed every year with the Sunset Committee to being reviewed on a normal four-year rotation. Susan has also worked tirelessly lobbying for all legislation attempts and corresponding with the Attorney General office. She also does a great job running the Board on a day-to-day basis.

Mrs. Sonya Lankford has served as the Board's Financial Secretary for the past 8 years. Her accuracy and attention to detail are indispensable in the day-to-day operations at the Board.

She also excels with special projects. Sonya proved invaluable in cleaning up the accounting nightmare created by faulty software during the Board's first attempt at online registration. Sonya is truly an asset.

Mr. Stan McAdams is the Board's longest serving employee. With 20 years under his belt as the Lead Investigator, Stan has seen it all. His experience and contacts with local, state, and federal law enforcement agencies always put the Board on firm footings in any investigation no matter the level of involvement. We hope he continues to serve for years to come.

Mrs. Hilda Johnson is doing a great job running the Alabama Dental Hygiene Program. She has been with the Board for 10 years and was recently asked to take over the extremely detailed administration of the ADHP. Hilda does a great job coordinating students, instructors, training supplies, and training facilities. She does so with such a pleasant demeanor. Just as pleasant are her cooking talents. She commonly treats the Board Members to her culinary delights.

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Ms. Linda Savarese is the Board's General Secretary. When a licensee calls, it is probably her pleasant voice that answers the phone. Linda is helpful to licensees and Board members alike in addressing their various needs. She is most helpful in all special projects and does a wonderful job generating the minutes for the Board meetings. She too has a very pleasant disposition and a quick smile for all those entering the Board's doors.

Mr. Kevin Lane is the Board's newest employee. He graduated from Auburn with a degree in Secondary Education and has an A.B.A. certification as a paralegal. He is proving to be extremely helpful in investigations and with the Complaint Review Process. Hopefully, Kevin will assist the Board for years to come.

I cannot conclude without mentioning one of the Board's most valuable assets, Dr. Donna Dixon, the Board's chief prosecutor. Even though she does not work directly for the Board, she is without equal in what she contributes. Dr. Dixon is a Board certified Prosthodontist in addition to being a practicing attorney. This allows her to understand and prosecute cases with a degree of knowledge unmatched nationwide among Dental Boards. Her degree of skill, her sharp wit, and willingness to serve the Board members make her one of the most coveted Dental Prosecutors in the nation.

It has been a pleasure to serve what will soon be the conclusion of a five-year term with these talented and devoted individuals. ■

MORE FREQUENTLY ASKED QUESTIONS

These FAQs can be found on our website www.dentalboard.org

- ❖ The Board is no longer reviewing individual advertisements. To insure that your advertisement complies with the Alabama Dental Practice Act please review 270-X-4.08
- ❖ The Board opines that it is outside the scope of practice for a dentist to order a sleep study or prescribe a CPAP as a result of interpreting a sleep study. After a positive diagnosis of sleep apnea by a physician a dentist may prescribe an intra oral sleep disorder appliance. It is within the scope of practice for a dentist to fabricate an anti-snoring appliance. Found in July, 2011 minutes.

Assistants and Hygienists Allowed To Do More

By David Northcutt D.M.D.

Separate from the new licensee category of “Expanded Duty Associates,” the Board started looking at allowing our existing personnel to undertake more responsibilities. This process started in the summer of last year and with the completion of Board Rule 270-X-3.10 on April 11, 2013, the task was completed.

These are the latest approved services our existing personnel can undertake.

As of April 11, 2013 these are considered acceptable.

See the Dental Practice Act on our website for all Duties of Allied Dental Personnel rule 270-X-3.10

Dental Assistants and Hygienists are now allowed to:

Take final impressions for fixed, removable, or ortho appliances; dentist shall examine and approve impressions

Use narrow band imaging (laser) for preliminary diagnostic purposes; dentist to supply final exam and diagnosis

Place and remove gingival retraction materials

Adjust fixed, removable, or ortho appliances outside the mouth; dentist inspection then required. Dentist still has to cement fixed appliances.

Register the maxillary/ mandible relationship (bite) for fixed, removable, and ortho appliances; dentist to inspect relationship

Dental Hygienists only are now allowed to:

Place Pit and Fissure Sealants and adjust sealant as needed