

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(MS 1976 SECTION 214.07)

BOARD:

① STATE  
MINNESOTA BOARD OF DENTISTRY

LOCATION:

717 S. E. Delaware

Minneapolis, Minnesota 55414

STATUTORY AUTHORITY:

MN Statute 1974, Charter 150 A

REPORT PERIOD:

② July 1, 1974

To:

June 30, 1976

SUBMITTED BY:

Dale J. Forseth

Executive Secretary

Name

Title

③ 10/15/76

Date

④ [35] p. : *status*  
*file*

Copies of this report shall be delivered to the Legislature  
in accordance with Section 3.195, the Governor and Commissioner  
of Administration. The Health-related boards shall also  
deliver copies of their reports to the Board of Health.

*State Government - Departments & Agencies*  
*Occupations - Licensing*  
*Medical Profession*

ITEM 1: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 75 and FY 76 and include any changes (additions/deletions) in activities between those years.

The role of The Board of Dentistry is to insure the people of professional competency by examining each applicant for licensure so as to test his fitness to practice as a dentist, dental hygienist or as a registered dental assistant, and to apply equal standards to all applicants.

To accomplish the role, the Board, during FY 1975 and FY 1976:

- 1) participated in examinations of 1,838 dentists and 1,390 dental hygienists. Minnesota residents included 218 dentists and 208 dental hygienists, 2) licensed 267 dentists and 302 dental hygienists, 3) registered 884 dental assistants, 4) annually registered 3,500 dentists, 1,500 dental assistants and 325 professional corporations, 5) approved credentials of 167 graduates of non-accredited (foreign) schools to take National Board examination. This would qualify these graduates for a clinical evaluation to determine if they meet the minimum standards of a graduate of the University of Minnesota School of Dentistry. Passing the clinical evaluation would then qualify the foreign dentist to be examined for licensure in Minnesota, 6) participated in eight on-site evaluations for continued accreditation of eight dental assisting schools in Minnesota, 7) monitored continuing education requirements for continued professional competency, and 8) resolved over 80 consumer grievances through investigation, regress and disciplinary action.

ITEM B: TOTAL NUMBER MEETINGS HELD FY 75 16 FY 76 13 FY 75 AND 76 29

APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 75	FY 76	FY 75 & 76	TYPE	FY 75	FY 76	FY 75 & 76
Dr. Robert Anderson	Board Meeting	177	142	319	Board Administration	97	272	369
					Examinations	136	64	200
					Committees/Conferences	200	168	368
Dr. Earl Behning	Board Meetings	98	--	98	Board Administration	16	--	16
					Examinations	16	--	16
					Committees/Conferences	77	--	77
Dr. Donald Bongard	Board Meetings	177	71	248	Board Administration	280	88	368
					Examinations	56	48	104
					Committees/Conferences	248	128	376
Dr. Walter Iverson	Board Meetings	--	42	42	Board Administration	--	48	48
					Examinations	--	64	64
					Committees/Conferences	--	32	32

ITEM B: TOTAL NUMBER MEETINGS HELD FY 75 16 FY 76 13 FY 75 AND 76 29

PROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 75	FY 76	FY 75 & 76	TYPE	FY 75	FY 76	FY 75 & 76
Dr. Robert McDonnell	Board Meetings	176	150	326	Board Administration	289	328	617
					Examinations	96	48	144
					Committees/Conferences	312	408	720
Dr. Kenneth Nelson	Board Meetings	81	147	228	Board Administration	--	80	80
					Examinations	80	56	136
					Committees/Conferences	32	184	216
Dr. Samuel Oltmans	Board Meetings	170	85	255	Board Administration	186	80	266
					Examinations	104	136	240
					Committees/Conferences	137	144	281
Dr. James Rasmusson	Board Meetings	--	58	58	Board Administration	--	72	72
					Examinations	--	32	32
					Committees/Conferences	--	120	120

ITEM B: TOTAL NUMBER MEETINGS HELD FY 75 16 FY 76 13 FY 75 AND 76 29

APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 75	FY 76	FY 75 & 76	TYPE	FY 75	FY 76	FY 75 & 76
James E. Garrity	Board Meetings	--	54	54	Board Administration	--	56	56
					Examinations	--	16	16
					Committees/Conferences	--	120	120
Marian Manary	Board Meetings	--	35	35	Board Administration	--	8	8
					Examinations	--	--	--
					Committees/Conferences	--	8	8

ITEM C: THE RECEIPTS AND DISBURSEMENTS OF BOARD FUNDS

	FY 75	FY 76	FY's 75 - 76
BALANCE CARRIED FORWARD	25,000	20,659	45,659
TOTAL STATE APPROPRIATIONS	-0-	-0-	-0-
TOTAL DEDICATED FEE RECEIPTS	116,445	120,233	236,728
TOTAL NON-DEDICATED FEE RECEIPTS			
TOTAL DISBURSEMENTS	120,786	121,000	241,786

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COMMENTS (Optional)

ITEM D: LIST OF BOARD MEMBERS WHO SERVED DURING FY 75 AND FY 76.

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: 7 (1).

(B) The statutory length of term: \_\_\_\_\_.

NAME	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Dr. Earl Behning	Dentist	Nov. 15, 1967 - Sept. 30, 1970 Oct. 1, 1970 - Oct. 1, 1974
Dr. Samuel Oltmans	Dentist	Oct. 2, 1968 - Sept. 30, 1971 Oct. 1, 1971 - Jan. 12, 1976 (2)
Dr. Donald Bongard	Dentist	Oct. 1, 1971 - Jan. 4, 1976
Dr. Robert McDonnell	Dentist	Nov. 3, 1972 - Oct. 1, 1977
Dr. Robert Anderson	Dentist	Oct. 16, 1973 - Oct. 1, 1978
Dr. Kenneth Nelson	Dentist	Feb. 7, 1975 - Oct. 1, 1979
Dr. James Rasmusson	Dentist	Jan. 5, 1976 - Jan. 1, 1979
Marian Manary	Publisher	Jan. 5, 1976 - Jan. 1, 1979
James E. Garrity	County Court Judge	Jan. 9, 1976 - Jan. 7, 1980
Dr. Walter Iverson	Dentist	Mar. 17, 1976 - Jan. 3, 1977 (2)

(1) Number of Members were 5 (Dentists) until Legislation included two public members effective Jan. 1, 1976.

(2) Dr. Iverson's appointment to fill Dr. Oltmans unexpired second term.

# BOARD

[illegible]



**ITEM F: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 75 AND FY 76. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.**

**The Board of Dentistry proposed and adopted ammendments to Rules relating to:**

- a. The conduct of Board meetings,**
- b. Examination requirements for licensure of dentists and dental hygienists,**
- c. Permitted functions of auxiliary dental personnel,**
- d. Annual reports of professional corporations organized by dentists,**
- e. Continuing education requirements for dentists and dental hygienists,**
- f. Procedural rules in contested hearings conducted by the Board of Dentistry.**

**The ammendments were adopted by resolutions and filed with the secretary of state on May 7, 1976.**

**The Board proposed ammendments to rules relating to:**

- a. Fees,**
- b. Continuing education,**
- c. Disciplinary action for failure to pay fees or meet continuing education requirements,**
- d. The annual registration of dental assistants.**

**The proposal ammendments were scheduled for an August 6, 1976 hearing.**

## BOARD

(IN THE YEAR OF THE REPORT.)

[illegible]

\*Since annual registration was not required it is not known how many registered dental assistants have remained in practice since the registration program commenced in 1970. This figure represents the 516 registrations made during FY 1975 and the 368 registrations made FY 1976. The annual registration of registered dental assistants will begin Jan. 1, 1977.

ITEM #: ADMINISTRATION OF EXAMINATIONS BY BOARDEXAMINATION:

F/Y 75

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES	WRITTEN	PRACTICAL	ORAL
Minneapolis, MN	Dentist/Dental Hygienist	Aug. 18, 19, 20-74	X	X	X
Kansas City, MO	"	Jan. 5, 6, 7-75	X	X	X
Minneapolis, MN	"	Mar. 16, 17, 18-75	X	X	X
St. Louis, MO	"	Mar. 23, 24, 25-75	X	X	X
Lincoln, NB	"	Mar. 26, 27, 28-75	X	X	X
Omaha, NB	"	Apr. 27, 28, 29-75	X	X	X
Kansas City, MO	"	May 11, 12, 13-75	X	X	X
Iowa City, IOWA	"	May 18, 19, 20-75	X	X	X
Milwaukee, WI	"	May 21, 22, 23-75	X	X	X
Minneapolis, MN	"	Jun. 1, 2, 3-75	X	X	X
NOTE: Minnesota belongs to Central Regional Dental Testing Service, Inc. which					
is made up of an eleven state region with examinations given at eight testing sites.					
Individuals that pass the examinations meet examination requirements for each of					
the eleven states.					

**F/Y 76**

[illegible]

## ITEM I, J, K: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

## TYPE OF LICENSE/REGISTRATION

## DENTIST

AGE GROUP	Failed Exam									Failed Exam									Failed Exam								
	Applied FY 75									Applied FY 76									Applied FY 75 AND FY 76								
	(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS			(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS			(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25				37	3	40							26		26							63	3	66			
26-34				66		66							75	2	77							141	2	143			
35-59				1		1							2		2							3		3			
60-65																											
66 & Over																											
Total (4)	98	2	100	104	3	107	2		2	112	6	118	103	2	105				210	8	218	207	5	212	9		9
Calculate % of Male and % of Female to the Total of Each Category																											
% of Total	98	2	100	97	3	100	100		100	95	2	100	98	2	100			100	93	7	100	98	2	100	100		100

- 1) Minnesota residents examined. This does not mean examinee would apply for licensure in Minnesota.
- 2) Passing Central Regional Dental Testing Service Examination is prerequisite for licensure, therefore all that apply for licensure are granted a license. Some applicants were examined during the previous year.
- 3) Minnesota residents that failed examination. This does not mean they would have applied for licensure had they passed the examination.
- 4) Birth date is not required on application for examination, therefore age groups cannot be reported.

**ITEM 1, J, K: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION**

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

**TYPE OF LICENSE/REGISTRATION** DENTAL HYGIENIST

AGE GROUP	Applied FY 75									Failed Exam									Applied FY 76									Failed Exam									Applied FY 75 AND FY 76												Failed Exam		
	(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS			(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS			(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS			(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS			(1) EXAMINED			(2) LIC/REGIS			(3) NOT LIC/REGIS								
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T												
Under 18																																																			
18-25																																																			
26-34																																																			
35-59																																																			
60-65																																																			
66 & Over																																																			
Total	(4)	1	150	151	1	134	135		1	1	3	54	57	3	112	115				4	204	208	4	246	250					1	1																				

**Calculate % of Male and % of Female to the Total of Each Category**

of Total	1	99	100	1	99	100		100	100	5	95	100	3	97	100			100	2	98	100	2	98	100		100	100
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- 1) Minnesota residents examined. This does not mean examinee would apply for licensure in Minnesota.
- 2) Passing Central Regional Dental Testing Service Examination is prerequisite for licensure, therefore all that apply for licensure are granted a license. Some applicants were examined during the previous year.
- 3) Minnesota residents that failed examination. This does not mean they would have applied for licensure had they passed the examination.
- 4) Birth date is not required on application for examination, therefore age groups cannot be reported.

**ITEM I, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION**

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

**TYPE OF LICENSE/REGISTRATION** DENTAL HYGIENE LICENSE - Page 1 of 5

Minnesota participates in the Central Regional Dental Testing Services, Inc. The Central Regional Dental Testing Service examines candidates for licensure as dentists and dental hygienists in an 11 state area at 8 testing sites. Each of the member states provide examiners at each examination. Benefits of regional tests include shared costs for examiners, testing supplies, testing equipment, etc.

Passing this examination is a prerequisite for application for licensure in Minnesota. Passing the examination does not mean the applicant will apply for licensure in Minnesota.

The following are footnotes applicable to page 2 of this report:

- a) Total non-residents examined by Central Regional Dental Testing Services. This does not mean examinee would apply for licensure in Minnesota.
- b) Application for examination does not include birth date, therefore birth date can not be reported.
- c) All applicants that applied were granted license.
- d) Non-residents who were not licensed does not mean that the examinee applied for licensure or that the examination was not passed.

# ITEM I, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

**TYPE OF LICENSE/REGISTRATION** Dental Hygiene - Page 2 of 5. Passing the Regional examination is a prerequisite for licensure in Minnesota. Passing the examination does not mean the examinee will apply for Minnesota licensure. See notes on Page 1 of this report.

AGE GROUP	FY 75									FY 76									FY 75 AND FY 76								
	(a) EXAMINED (b)			(c) LIC/REGIS			(d) NOT (b) LIC/REGIS			(a) EXAMINED (b)			(c) LIC/REGIS			(d) NOT (b) LIC/REGIS			(a) EXAMINED (b)			(c) LIC/REGIS			(d) NOT (b) LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25					7	7							16	16								23	23				
26-34					1	1							3	3								4	4				
35-59																											
60-65																											
66 & Over																											
Total (b)		565	565		8	8		557	557		602	602		19	19		583	583		1167	1167		27	27		1140	1140

Calculate % of Male and % of Female to the Total of Each Category

% of Total		100	100		100	100		100	100		100	100		100	100		100	100		100	100		100	100		100	100
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STATE PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

LISTS ATTACHED



STATE	FY 75									FY 76									FY 75 AND FY 76								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Central Regional Dental Testing Service participants.																											
Colorado		62	62								63	63		1								125	125				
Iowa		49	49		1						40	40		3								89	89				
Kansas		55	55		1						58	58										113	113				
Missouri		81	81								85	85										166	166				
Nebraska		25	25								23	23		1								48	48				
North Dakota		21	21		1						20	20		5								41	41				
Oklahoma		11	11								47	47										58	58				
South Dakota		24	24								21	21										45	45				
Wisconsin		126	126		4						110	110		3								236	236				
Wyoming		17	17								15	15		1								32	32				

ITEM I, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

STATE	FY 75									FY 76									FY 75 AND FY 76								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Not members of the Central Regional Dental Testin Service.																											
Alabama							1	1		1	1								2	2							
Arizona		1	1																1	1							
Arkansas		2	2							2	2								4	4							
California		5	5		1					6	6		1						11	11							
Connecticut										1	1								1	1							
Delaware		1	1																1	1							
Florida		3	3							3	3								6	6							
Georgia		2	2																2	2							
Idaho		1	1																1	1							
Illinois		33	33							44	44		1						77	77							
Indiana		4	4							3	3								7	7							
Kentucky		1	1							2	2								3	3							
Louisiana		1	1							3	3								4	4							
Maryland		1	1							1	1								2	2							
Massachusetts										2	2								2	2							
Michigan		10	10							13	13								23	23							

DENTAL HYGIENE LICENSE - Page 5 of 5

ITEM I, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

STATE	FY 75									FY 76									FY 75 AND FY 76								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Not members of Central Regional Dental Testing Service continued.																											
Montana			3	3							3	3		1							3	3					
New Mexico			2	2							3	3									5	5					
New York											3	3									3	3					
N. Carolina											4	4									4	4					
Ohio			3	3							1	1									4	4					
Oregon			2	2																	2	2					
Pennsylvania			1	1							1	1									2	2					
S. Carolina											1	1									1	1					
Tennessee											3	3									3	3					
Texas			15	15							15	15		1							30	30					
Utah											2	2									2	2					
Vermont											2	2									2	2					
Virginia			1	1																	1	1					
Washington			1	1							1	1		1							2	2					
Canada			1	1																	1	1					

**ITEM I, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION**

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

**TYPE OF LICENSE/REGISTRATION** DENTAL LICENSE - Page 1 of 6

Minnesota participates in the Central Regional Dental Testing Services, Inc. The Central Regional Dental Testing Service examines candidates for licensure as dentists and dental hygienists in an 11 state area at 8 testing sites. Each of the member states provide examiners at each examination. Benefits of regional tests include shared costs for examiners, testing supplies, testing equipment, etc.

Passing this examination is a prerequisite for application for licensure in Minnesota. Passing the examination does not mean the applicant will apply for licensure in Minnesota.

The following are footnotes applicable to page 2 of this report:

- a) Total non-residents examined by Central Regional Dental Testing Services. This does not mean examinee would apply for licensure in Minnesota.
- b) Application for examination does not include birth date, therefore birth date can not be reported.
- c) All applicants that applied were granted license.
- d) Non-residents who were not licensed does not mean that the examinee applied for licensure or that the examination was not passed.

# ITEM 1, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION Dentistry - Page 2 of 6 - Passing the Regional examination is a prerequisite to application for licensure in Minnesota. Passing the examination does not mean examinees will apply for Minnesota licensure. See Page 1 of this report.

AGE GROUP	FY 75									FY 76									FY 75 AND FY 76								
	(a) EXAMINED			(b) LIC/REGIS			(c) NOT LIC/REGIS			(a) EXAMINED			(b) LIC/REGIS			(c) NOT LIC/REGIS			(a) EXAMINED			(b) LIC/REGIS			(c) NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25				1		1							2		2							3		3			
26-34				10		10							20	1	21							30	1	31			
35-59													1		1							1		1			
60-65																											
66 & Over																											
Total (b)	759	7	766	11*		11*	749*	7	756*	838	16	854	23	1	24	815	15	830	1597	23	1620	34*	1	35*	1564	22	1586

Calculate % of Male and % of Female to the Total of Each Category

% of Total	99.1	.9	100	100		100	99.1	.9	100	98.1	1.9	100	99.5	.5	100	98.8	.2	100	98.8	.2	100	97.7	.3	100	98.5	1.5	100
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STATE PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

LISTS ATTACHED

\* Includes applicant that passed examination during F/Y 74.

ITEM J, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

[illegible]

## DENTAL LICENSE - Page 4 of 6

## ITEM I, J, K: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

STATE	FY 75									FY 76									FY 75 AND FY 76								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Not members of Central Regional Dental Testing Service.																											
Alabama	1		1				1		1	2		2				2		2	3		3				3		3
Alaska										1		1	1		1				1		1	1		1			
Arizona	4		5				4		4	4		4				4		4	8		8				8		8
Arkansas	4		4				4		4	3		3				3		3	7		7				7		7
California	25		25	2		2	23		23	41	1	42	1		1	40	1	41	66	1	67	3		3	63	1	64
Connecticut	1		1				1		1										1		1				1		1
Delaware										2		2				2		2	2		2				2		2
Florida	3		3				3		3	8		8	1		1	7		7	11		11	1		1	10		10
Georgia	2		2				2		2	4		4	1		1	3		3	6		6		1	1	5		5
Hawaii										1		1				1		1	1		1				1		1
Idaho	1		1				1		1	5		5				5		5	6		6				6		6
Illinois	45	2	47	1		1	44	2	46	43	1	44	2		2	41	1	42	88	3	81	3		3	85	3	88
Indiana	12		12				12		12	8		8	1		1	7		7	20		20	1		1	19		19
Kentucky	9		9				9		9	3		3				3		3	12		12				12		12
Louisiana	2		2				2		2	4		4	1		1	3		3	6		6	1		1	5		5
Maine	3		3				3		3										3		3				3		3

FY 75



ITEM I, J, K:

[illegible]

**BOARD OF DENTISTRY**

**BOARD**

**ITEM 1:** THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF ,

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 75 <u>27</u>	FY 76 <u>16</u>	FY 75-76 <u>43</u>
TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>3</u>	<u>1</u>	<u>4</u>

**FOR EACH PERSON GIVE:**

Type of Lic./Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Dentist	WA			X				X		Credentials	8/16/74		Granted By Board Motion following Board interview.
Dentist	MN				X			X		"	8/16/74		"
Dentist	MN			X				X		"	8/26/74		"
Dentist	ILL				X			X		"	9/21/74		"
Dentist	NY				X			X		"	9/21/74		"
Dentist	CONN				X			X		"	9/30/74		"
Dentist	MN			X				X		"	10/24/74		"
Dentist	CA				X			X		"	11/14/74		"
Dentist	MN			X				X		"	1/19/75		"
Dentist	MN			X				X		"	2/8/75		"
Dentist	FL				X			X		"	4/5/75		"

\*. IDENTIFY METHOD: e.g. Application, Reciprocity , Endorsements, Credential Evaluation etc.

\*\* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary

**BOARD OF DENTISTRY**

**BOARD**

**ITEM 2: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF.**

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 75	FY 76	FY 75-76
	<u>FWD.</u>	<u>FWD.</u>	<u>FWD.</u>
TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION			
	<u>FWD.</u>	<u>FWD.</u>	<u>FWD.</u>

**FOR EACH PERSON GIVE:**

Type of lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F		Grant	Deny	
Dentist	NB			X				X		Credentials	7/7/75		Granted by Board Motion following Board interview.
Dentist	ND			X				X		"	9/8/75		"
Dentist	MN			X				X		"	4/12/76		"
Dentist	KA			X				X		"	6/7/76		"
Dentist	ILL			X				X		"	6/7/76		"
Dentist	MN			X				X		"	4/1/76		Motion by Board for Issue License instead of reinstating revoked license.

\* IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation etc.

\*\* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary

**BOARD OF DENTISTRY**

**BOARD**

**ITEM 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF .**

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 75	FY 76	FY 75-76
	<u>FWD.</u>	<u>FWD.</u>	<u>FWD.</u>
TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION			
	<u>FWD.</u>	<u>FWD.</u>	<u>FWD.</u>

**FOR EACH PERSON GIVE:**

Type of lic./Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis..			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Hygienist	MN		X	X					X	Credentials	8/5/74		Motion of Board following Board
"	MN		X						X	"	8/10/74		interview.
"	MN			X				X		"	8/16/74		"
"	MN			X					X	"	10/18/74		"
"	MN			X					X	"	10/18/74		"
"	MN			X					X	"	11/14/74		"
"	MN		X						X	"	11/14/74		"
"	CA			X					X	"	1/5/75		"
"	MN		X						X	"	1/19/75		"
"	MN		X						X	"	1/19/75		"
"	MN			X					X	"	1/19/75		"

\* IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation etc.

\*\* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary

**BOARD OF DENTISTRY**

**BOARD**

**ITEM 2: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF ,**

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 75	FY 76	FY 75-76
	<u>FDW.</u>	<u>FDW.</u>	<u>FDW.</u>
TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION			
	<u>FDW.</u>	<u>FDW.</u>	<u>FDW.</u>

**FOR EACH PERSON GIVE:**

Type of Lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F		Grant	Deny	
Hygienist	WI		X						X	Credentials	3/15/76		Granted by Board Motion following Board interview.
"	MN			X					X	"	4/26/75		"
"	MN		X						X	"	4/26/75		"
"	MN			X					X	"	6/30/75		"
"	IOWA				X				X	"	8/2/75		"
"	ND		X						X	"	8/2/75		"
"	MN		X						X	"	10/5/75		"
"	MN		X						X	"	11/14/75		"
"	MN			X					X	"	11/14/75		"
"	MN			X					X	"	11/14/75		"
"	MN		X						X	"	11/14/75		"

\* IDENTIFY METHOD: e.g. Application, Reciprocity , Endorsements, Credential Evaluation etc.

\*\* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary

**BOARD OF DENTISTRY**

**BOARD**

**ITEM 2: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF .**

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 75	FY 76	FY 75-76
	<u>FDW.</u>	<u>FDW.</u>	<u>FDW.</u>
TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION			
	<u>FDW.</u>	<u>FDW.</u>	<u>FDW.</u>

**FOR EACH PERSON GIVE:**

Type of Lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Hygienists	MN		X						X	Credentials	12/5/75		Motion of Board following Board
"	MN		X						X	"	12/15/75		interview. "

- \* IDENTIFY METHOD: e.g. Application, Reciprocity , Endorsements, Credential Evaluation etc.
- \* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary

## BOARD OF DENTISTRY

BOARD

**ITEM 1:** THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 75 <u>FDW</u>	FY 76 <u>FDW</u>	FY 75-76 <u>FDW</u>
TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>FDW</u>	<u>FDW</u>	<u>FDW</u>

FOR EACH PERSON GIVE:

Type of lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Hygienist	1)								X	Credentials		8/16/74	Lack knowledge of basic Dentistry
Dentist	1)							X		"		10/18/74	"
Dentist	1)							X		"		11/14/74	"
Dentist	1)							X		"		10/5/75	"
Dentist	OHIO				X			X		Reinstatement	2/7/75		Board Motion granted reinstatement of license, voluntarily surrendered
Hygienist	MN			X					X	Reinstatement	9/5/75		Board motion granting reinstatement

1) NOTE: Files could not be located on these applicants that were denied licensure - possibility lost in office move.  
 Information given is from Board meeting minutes.  
 IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary

**ITEM II: PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD  
WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED  
OR OTHERWISE ALTERED IN STATUS WITH BRIEF STATEMENTS OF  
THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.**

**TOTAL number of revocations**

**TOTAL number of suspensions**

**TOTAL number of other status changes**

FY 75	Fy 76	FY's 75-76
76	*	76

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Dentist		38		Failure to comply with continuing education requirements
Dentist		9		Failure to comply with continuing education requirements and failure to pay annual registration fees
Dental Hygienist		17		Failure to comply with continuing education requirements
Dental Hygienist		12		Failure to comply with continuing education requirements and failure to pay annual registration fees

\*Hearings for suspension of licenses were held during FY 76, however conclusions were not determined until FY 77.



ITEM #: LIST THE NUMBER OF COMPLAINTS AND OTHER COMMUNICATIONS RECEIVED BY THE EXECUTIVE SECRETARY, EACH BOARD MEMBER, EMPLOYEE OR OTHER PERSON PERFORMING SERVICES FOR THE BOARD

IN FY 75

25 Written  
No.

7 Oral  
No.

IN FY 76

43 Written  
No.

12 Oral  
No.

THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE.

IN FY 75

       Written  
No.

       Oral  
No.

IN FY 76

       Written  
No.

       Oral  
No.

WHICH ARE FORWARDED TO OTHER AGENCIES AS REQUIRED BY SEC. 5 (214.10)

Please indicate the number of complaints referred to which other governmental agencies in each fiscal year. (Federal, State, and Local).

**ITEM 0: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (H) 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO SECTIONS 5 OR 6 (214.10) (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).**

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1974 and complaints and communications received but not disposed of as of June 30, 1976, should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
17 - Utilization of dental auxiliaries	13 - Warning on repeated vocation given at Board conferences 2 - Investigations in process 1 - Investigated - no violation 1 - Unsubstantiated
5 - Unauthorized work by dental technicians	1 - Investigated - no violation 2 - Laboratory directed to cease unauthorized work 1 - Individual warned of infraction 1 - Unsubstantiated
28 - Services performed by dentist	5 - Investigated - no violations 9 - Unsubstantiated - no violation determined 3 - Resolved through mediation 2 - Resolved at Board conference 4 - Investigation in process 3 - Referred to District Dental Society 1 - Awaiting peer review 1 - Adjusted after peer review

**ITEM 0: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (N) 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO SECTIONS 5 OR 6 (214.10) (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION),**

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1974 and complaints and communications received but not disposed of as of June 30, 1976, should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
9 - Use of signs and names - advertising	2 - Corrected after meeting with Board 1 - Investigation in progress 5 - Notice of violation issued 1 - Unsubstantiated
16 - Charges for service rendered, fee splitting, third party payment	1 - Insurance claim adjusted after conference with Board 3 - Unsubstantiated complaints 1 - Complainant withdrew complaint 4 - Resolved through mediation 7 - Referred to District Dental Society when violation of law was not determined
3 - Unsanitary conditions or technique	2 - Board conferred with violator 1 - Pending investigation
8 - Conduct unbecoming dentist - attitude, personal habits	2 - Unsubstantiated (harassment) 1 - Complainant withdrew complaint 2 - Currently under investigation 1 - Investigated - no violation 2 - Letters indicating violation issued
1 - Conduct unbecoming a hygienist - attitude	1 - Resolved through mediation

**ITEM P: STATE ANY OTHER OBJECTIVE INFORMATION WHICH THE BOARD MEMBERS BELIEVE WILL BE USEFUL IN REVIEWING BOARD ACTIVITIES:**

**(For Example: In what other states do your licensees hold licenses? Number of Minnesota licenses verified/certified to other states? Number of inspections?)**

The Board of dentistry made eight on-site evaluations of eight dental assisting schools in Minnesota to approve course offerings for registered dental assistants.

The Board also approved the credentials of 167 graduates of non-accredited (foreign) dental schools to take the National Board examination. This would qualify these graduates for a clinical evaluation to determine if they meet the minimum standards of a graduate of the University of Minnesota school of dentistry. Passing the evaluation would then qualify the foreign dentist for examination for licensure in Minnesota.

Additionally, the board monitored mandatory continuing education to insure continued professional competency. And, the board supported legislation for annual registration and continuing education of registered dental assistants, commencing January 1, 1977.