

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(MS 1930 SECTION 214.07)

802769

BOARD: MINNESOTA BOARD OF DENTISTRY

LOCATION: 717 S.E. Delaware Street, Suite 338
Minneapolis, MN 55414

STATUTORY AUTHORITY: M.S. 150A, 1978; M.S. 214, 1978

REPORT PERIOD: July 1. 1978 To: June 30, 1980

SUBMITTED BY: Dale J. Forseth, Executive Secretary October 1, 1980
Name Title Date

Copies of this report shall be delivered to: (A) the Legislature in accordance with Section 3.195 (1 copy to the Secretary of the Senate, 1 copy to the Chief Clerk of the House of Representatives and 10 copies to the Legislative Reference Library); (B) the Governor; and (C) Commissioner of Administration. Each health-related board shall also deliver a copy of their report to the Board of Health.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 79 and FY 80 and include any changes (additions/deletions) in activities between those years.

The purpose of the Board of Dentistry is to ensure the people of professional competency by licensing or registering dentists, dental hygienists and registered dental assistants whose fitness to practice has been tested and whose other qualifications meet the requirements of the state; to annually renew each license or registration, and to receive and resolve consumer grievances.

During the two-year period ending June 30, 1980, the Board licensed 328 dentists and 394 dental hygienists; initially registered 861 registered dental assistants and 114 corporations; annually averaged the registration of 7,655 dentists, dental hygienists, registered dental assistants and professional corporations; received and took action on 130 consumer complaints; participated in 30 regional and national dental and dental hygiene examinations; approved the credentials of approximately 150 foreign dentists to enable them to take the National Board Examination; initiated legislation for reorganization of the Dental Practice Act and revising advertising restrictions; conducted two public forums on proposed amendments to the Board's Rules; initiated a public hearing on proposed Rule amendments; reviewed approximately 600 continuing dental education programs; actively participated in state, regional and national continuing education and examination committees; conducted eight on-site evaluations of Minnesota dental assisting schools; and participated in three Commission on Accreditation evaluations of dental assisting programs.

MINNESOTA BOARD OF DENTISTRY

BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 7 FY 79 AND 80 13

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 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
Robert W. Anderson	Board Meeting	38	30	68	Other Comm. & Misc.	240	230	470
	Executive Meeting	17	14	31				
	Examinations	64	81	145				
	Complaint Comm.	32	24	56				
Dillon B. Donaldson	Board Meeting		5	5	Other Comm. & Misc.		17	17
	Executive Meeting		6	6				
James E. Garrity	Board Meeting	21	30	51	Other Comm. & Misc.	161	38	199
	Executive Meeting	14	9	23				
	Complaint Comm.	65	66	131				
Sister Cecelia Mary Harrington	Board Meeting		5	5	Other Comm. & Misc.		31	31
	Executive Meeting		6	6				

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 7 FY 79 AND 80 13

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 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
Karen E. Hirman								
Walter G. Iverson	Board Meetings	38	39	77	Other Comm. & Misc.	183	159	342
	Executive Meetings	18	18	36				
	Examinations	32	32	64				
	Complaint Comm.	20	46	66				
Robert E. McDonnell	Board Meeting	35	39	74	Other Comm. & Misc.	258	311	569
	Executive Meetings	16	18	34				
	Examinations	32	32	64				
	Complaint Comm.	16	32	48				
Edward T. Nelson	Board Meetings	8	39	47	Other Comm. & Misc.	11	192	203
	Executive Meetings	1	18	19				
	Examinations		84	84				
	Complaint Comm.		9	9				

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 7 FY 79 AND 80 13

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 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
Kenneth M. Nelson	Board Meeting	29	29	58	Other Comm. & Misc.	192	143	355
	Executive Meeting	14	12	26				
	Examinations	64	32	96				
	Complaint Comm.	12	8	20				
Mary Jane Ploof	Board Meeting	8	39	47	Other Comm. & Misc.		116	116
	Executive Meeting	1	18	19				
	Examinations		20	20				
	Complaint Comm.		30	30				
James M. Rasmusson	Board Meeting	21		21	Other Comm. & Misc.	72	-	72
	Executive Meeting	16		16				
	Examination	48		48				
	Complaint Comm.	10		10				
Carol L. Schuppel	Board Meeting	38	39	77	Other Comm. & Misc.	124	193	317
	Executive Meeting	18	18	36				
	Examinations	32	17	49				

BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 7 FY 79 AND 80 13

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 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
Janet H. Spoodis	Board Meeting	38	39	77	Other Comm. & Misc.	174	201	375
	Executive Meeting	18	18	36				
	Examinations	96	76	172				

Clause c: THE RECEIPTS AND DISBURSEMENTS OF BOARD FUNDS

	FY 79	FY 80	FY's 79 - 80
Total State Appropriations	\$200,500	\$202,000	\$402,500
Total Non-Dedicated Fee Receipts	222,900	229,800	452,700
Total Disbursements	196,000	184,100	380,500

COMMENTS (Optional)

Minnesota Statutes, Chapter 214, requires the Board to adjust its fees a sufficient amount so that the total fees collected will as closely as possible equal anticipated expenditures during the fiscal biennium. Therefore, the Board, by Rule, increased its fees during Fiscal Year 1979 because of a \$25,500 deficit brought about by unanticipated legal costs during Fiscal Year 1977. The Board, by Rule, will reduce its fees during Fiscal Year 1980 because of surplus revenues during Fiscal Year 1981.

CLUSE 4: LIST OF BOARD MEMBERS WHO SERVED DURING FY 79 AND FY 80

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: Nine.(B) The statutory length of term: Four.

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Robert W. Anderson P.O. Box 56 Aurora, MN 55705	Dentist	Oct. 16, 1973 - Jan. 1, 1979 & May 18, 1979 - Jan. 3, 1983
Dillon B. Donaldson 2548 Broadway Slayton, MN 56172	Dentist	June 2, 1980 - Jan. 2, 1984
James E. Garrity 1101 So. 11th Ave. Moorhead, MN 56560	County Judge	Jan. 9, 1976 - Jan. 7, 1980
Sr. C.M.Harrington 2004 Randolph Ave. St. Paul, MN 55105	College Faculty Assistant	June 2, 1980 - Jan. 2, 1984
Karen E. Hirman Angushire Apts. #101 St. Cloud, MN 56301	Registered Nurse	Nov. 9, 1976 - Jan. 1, 1979
Walter G. Iverson 5538 Chicago Ave. Mpls., MN 55417	Dentist	Mar. 17, 1976 - Jan. 3, 1977 Jan. 1, 1977 - Jan. 5, 1981
Robert E. McDonnell 550 So. Snelling St. Paul, MN 55116	Dentist	Nov. 3, 1972 - Jan. 1, 1978 & Jan. 1, 1978 - Jan. 3, 1983
Edward T. Nelson 321 No. LaBree Ave. Thief Riv. Falls, MN	Dentist	May 18, 1979 - Jan. 3, 1983
Kenneth M. Nelson 1020 Fourth Avenue Windom, MN 56101	Dentist	Feb. 7, 1975 - Jan. 7, 1980

FOR EASY REFERENCE PLEASE GIVE:

(B) The statutory length of term: Four.

[illegible]

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 79 AND FY 80. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

A public hearing concerning the Board's proposed amendments to its Rules was conducted by the Office of the State Hearing Examiner on June 26, 1980. The proposed amendments related to applications for licensure, fees, licensure by credentials, auxiliary personnel services, advertising and clarification and reorganization of existing Rules. A Notice of Hearing concerning the proposed amendments appeared in the State Register on May 5, 1980.

Clause g: LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE
AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1980
(IN THE YEAR OF THE REPORT).

TYPE OF LICENSE/REGISTRATION	TOTAL NUMBER IN EFFECT
Dentist	3,648
Dental hygienist	2,073
Registered dental assistant	2,443
Professional corporation	494

Clause h

EXAMINATION:

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES
NOTE: The Board of Dentistry does not administer examinations for licensure and registration but accepts the results of the examinations offered by the following national and regional organizations:		
A. For Dentists & Dental Hygienists:		
1. Commission on National Board Examinations		
2. Central Regional Dental Testing Services (This examination is given at 14 varying times at nine test sites within the eleven states that comprise the region. Examinations are offered in March, May, June, August and December.)		
B. For Registered Dental Assistants:		
The Board accepted the results of the examination offered by the Certifying Board of the American Dental Assistants until August 1, 1980, and then the results of the examination administered by the National Center for Continuing Education. These examinations are offered several times annually at the fifteen Minnesota schools of dental assisting and at the State School of Science, Wahpeton, ND.		
C. An examination on the Rules of the Board and the Minnesota Dental Practice Act is administered in conjunction with the Central Regional Dental Testing Services examination when it is given in Minnesota; by the state's four dental hygiene schools; and by the 1 dental assisting schools. It may also be taken any day at the Board of Dentistry Office.		

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[illegible]

Clauses 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 License

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	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
Under 18																											
18-25	41	4	45	41	4	45				24		24	24		24				65	4	69	65	4	69			
26-34	88	6	94	87	6	93	1		1	77	4	81	77	4	81				165	10	175	164	10	174	1		1
35-50	1		1	1		1				2	1	3	2	1	3				3	1	4	3	1	4			
60-65																											
66 & Over																											
Total	130	10	140	129	10	139	1		1	103	5	108	103	5	108				233	15	248	232	15	247	1		1
Calculate % of Male and % of Female to the Total of Each Category																											
% of Total	93	7	100	93	7	100	100		100	95	5	100	95	5	100			100	94	6	100	94	6	100	100		100

NOTE: Minnesota accepts the results of the Central Regional Dental Testing Services, Inc. (CRDTS) examination for licensure as a dentist in Minnesota. CRDTS administers 14 examinations annually at seven test sites in an 11-state region. Every applicant that applied for licensure in Minnesota successfully passed this examination, with the exception of one, and was granted a license. One application was denied as incomplete.

Clauses 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 Dentist License

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	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
Under 18																											
18-25	2		2	2		2													2		2	2		2			
26-34	20	1	21	20	1	21				22	1	23	22	1	23				42	2	44	42	2	44			
35-59	2		2	2		2				5		5	5		5				7		7	7		7			
60-65																											
66 & Over																											
Total	24	1	25	24	1	25				27	1	28	27	1	28				51	2	53	51	2	53			

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

% of Total	96	4	100	96	4	100			100	96	4	100	96	4	100			100	96	4	100	96	4	100			100
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State	PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE																									
Arkansas	1		1	1		1													1		1	1		1		
Arizona										1		1	1		1				1		1	1		1		
California	1		1	1		1				2		2	2		2				3		3	3		3		
Colorado	1		1	1		1				2		2	2		2				3		3	3		3		

Clauses 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 Dentist License

STATE	FY 79									FY 80									FY 79 AND FY 80								
	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
Iowa										3		3	3		3				3		3	3		3			
Illinois	4		4	4		4													4		4	4		4			
Kansas										1		1	1		1				1		1	1		1			
Louisiana	1		1	1		1													1		1	1		1			
Maine	1		1	1		1													1		1	1		1			
Missouri	1		1	1		1				1	1	2	1	1	2				2	1	3	2	1	3			
Montana	2		2	2		2													2		2	2		2			
Nebraska										4		4	4		4				4		4	4		4			
New Jersey	1		1	1		1													1		1	1		1			
New York										2		2	2		2				2		2	2		2			
No. Dakota	2		2	2		2				2		2	2		2				4		4	4		4			
Ohio										1		1	1		1				1		1	1		1			
Oklahoma	1		1	1		1													1		1	1		1			
Oregon										1		1	1		1				1		1	1		1			

Clauses i, j, k:

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

Dentist license

[illegible]

Clauses 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 Dental Hygienist License

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	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
Under 18																											
18-25	2	140	142	2	140	142				125		125		125	125				2	265	267	2	265	267			
26-34	3	19	22	3	19	22				20		20		20	20				3	39	42	3	39	42			
35-59		6	6		6	6				4		4		4	4					10	10		10	10			
60-65																											
66 & Over																											
Total	5	165	170	5	165	170				149		149		149	149				5	314	319	5	314	319			
Calculate % of Male and % of Female to the Total of Each Category																											
% of Total	3	97	100	3	97	100			100		100	100		100	100			100	2	98	100	2	98	100			100

NOTE: Minnesota accepts the results of the Central Regional Dental Testing Services, Inc. (CRDTS) examination for licensure as a dental hygienist in Minnesota. CRDTS administers 14 examinations annually at seven test sites in an 11-state region. Every applicant that applied for licensure in Minnesota successfully passed this examination and was granted a license.

Clauses 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

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	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
Under 18																											
18-25		14	14		14	14					27	27		27	27					41	41		41	41			
26-34		3	3		3	3					3	3		3	3					6	6		6	6			
35-59																											
60-65																											
66 & Over																											
Total		17	17		17	17					30	30		30	30					47	47		47	47			

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
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State	PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE																										
Illinois										1	1		1	1						1	1		1	1			
Iowa		1	1							5	5		5	5						6	6		6	6			
Kansas		1	1																	1	1		1	1			
Montana		1	1																	1	1		1	1			

Clauses i, j, k:

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

[illegible]

Clauses 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 Dental Assistant Registration

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	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
Under 18																											
18-25		321	321		321	321					407	407		407	407					728	728		728	728			
26-34		37	37		37	37					33	33		33	33					70	70		70	70			
35-59		16	16		16	16					17	17		17	17					33	33		33	33			
60-65																											
66 & Over																											
Total		374	374		374	374					457	457		457	457					831	831		831	831			
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

NOTE: A prerequisite for application for registration is the successful completion of the examination offered by the Certifying Board of the American Dental Assistants' Association or by the National Center for Continuing Education; therefore, every applicant was granted registration by the Board.

Clauses 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 Assistant Registration

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	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
Under 18																											
18-25		10	10		10	10					19	19		19	19					29	29		29	29			
26-34																											
35-59																											
60-65																											
66 & Over																											
Total		10	10		10	10					19	19		19	19					29	29		29	29			

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
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State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

Colorado											1	1		1	1					1	1		1	1			
Iowa		3	3		3	3					4	4		4	4					7	7		7	7			
Missouri		1	1		1	1														1	1		1	1			
No. Dakota		2	2		2	2					4	4		4	4					6	6		6	6			

Clauses 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 Assistant Registration

[illegible]

Clause 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 ,

	FY 79 29	FY 80 26	FY 79-80 55
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION			
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	3	3	6

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 License	IL			X				X		Credentials (Reciprocity)	X		Met all licensure requirements
Dentist License	MN				X			X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	Manitoba				X			X		"	X		"
Dentist License	OH			X				X		"	X		"
Dentist License	ND			X				X		"	X		"
Dentist License	IA				X			X		"	X		"
Dentist License	SD				X			X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	MI			X				X		"	X		"

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

Clause 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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 79 <u>29</u>	FY 80 <u>26</u>	FY 79-80 <u>55</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>3</u>	<u>3</u>	<u>6</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 License	MI			X				X		Credentials (Reciprocity)	X		Met all licensure requirements
Dentist License	MN				X			X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	IL				X			X		"	X		"
Dentist License	MA			X				X		"	X		"
Dentist License	CO				X			X		"	X		"
Dentist License	Manitoba				X			X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	CA			X				X		"	X		"
Dentist License	IL				X			X		"	X		"
Dentist License	WI			X				X		"	X		"

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

Clause 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 .

	FY 79	FY 80	FY 79-80
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	<u>29</u>	<u>26</u>	<u>55</u>
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>3</u>	<u>3</u>	<u>6</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 License	WI				X			X		Credentials (Reciprocity)	X		Met all licensure requirements
Dentist License	SD				X			X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	IN				X			X		"	X		"
Dentist License	WI				X			X		"	X		"
Dentist License	IN				X			X		"	X		"
Dentist License	MN			X				X		"	X		"
Dentist License	WI				X			X		"		X	Failure to understand etiology dental disease
Dental Hygiene License	SC		X						X	"	X		Met all licensure requirements
"	NY			X					X	"	X		"
"	IL			X					X	"	X		X

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

Clause 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.

	FY 79 29	FY 80 26	FY 79-80 55
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION			
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	3	3	6

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	
Dental Hygiene License	MN			X					X	Reinstatement	X		Met all licensure requirements
"	MN			X					X	Credentials (Reciprocity)	X		"
"	MN			X					X	"	X		"
"	NY				X				X	"	X		"
"	MN			X					X	"	X		"
"	MN			X					X	"	X		"
"	MN			X					X	"	X		"
"	MI		X						X	"	X		"
"	Manitoba		X						X	"	X		"
"	KY		X						X	"	X		"
"	MN				X				X	"	X		"

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

Clause 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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 79 29	FY 80 26	FY 79-80 55
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	3	3	6

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	
Dental Hygiene License	MI			X					X	Credentials (Reciprocity)	X		Met all licensure requirements
"	MI		X						X	"	X		"
"	WI			X					X	"	X		"
"	IL			X					X	"	X		"
"	IL			X					X	"	X		"
"	MN				X				X	"	X		"
"	MN			X					X	"	X		"
"	MN			X					X	"	X		"
"	MN			X					X	Reinstatement	X		"
"	MN			X					X	Credentials (Reciprocity)	X		"
"	IL			X					X	"	X		"

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

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

Clause 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

	FY 79 29	FY 80 26	FY 79-80 55
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION			
TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	3	3	6

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	
Dental Hygiene License	MI			X					X	Credentials (Reciprocity)	X		Met all licensure requirements
"	NY			X					X	"	X		"
"	MN			X					X	Credentials Reinstatement		X	Lack of knowledge of dental disease-clinical Examination recommended.
"	MN				X				X	"		X	Further training in current functions required
"	MN			X					X	"		X	"
"	MN			X					X	Credentials (Reciprocity)		X	Lacked training in root planning, License to be granted upon completion of course
"	ND		X						X	Credentials (Reciprocity)	X		Met all licensure requirements
"	IA			X					X	"	X		"
"	WA				X				X	"	X		"

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

Clause m: 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 79	FY 80	FY's 79-80
1	169	173
3		3
2	1	3

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	X			Incompetency
Dentist		X	Fined \$500	Welfare fraud
Dentist			Limited Licensure	Chemical abuse and illegal use of auxiliaires
Dentist			Limited Licensure	Chemical abuse
Dentist		X		Chemical abuse, violation of limited licensure
Dentist		X		Chemical abuse
Dental Hygiene (24)	X			Twenty-four licenses revoked for non-payment 1979 annual registration fees
Dental Assistants (120)	X			One-hundred twenty registra- tions revoked for non-payment of '79 annual regis. fees
Dentist (24)	X			Twenty-four dentists licenses revoked for non-payment of '79 annual registration fees
Dentist			Conditional Licensure	Failure to properly interpret x-rays-order to complete course radiographic Interpretation.
Dentist	X			Suggestive, lewd, lascivious and improper advances to two female patients

Clause n: 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 79

72 Written
No.

1 Oral
No.

IN FY 80

72 Written
No.

 Oral
No.

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

IN FY 79

1 Written
No.

 Oral
No.

IN FY 80

1 Written
No.

 Oral
No.

WHICH ARE FORWARDED TO OTHER AGENCIES
AS REQUIRED BY M.S. 214.10.

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

CLAUSE 01: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (2) OF M.S. 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1980, 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)
7 - Chemical Abuse	2- Licenses limited 2- Licenses suspended 2- Pending 1- No violation
29 - Unprofessional Conduct	1- Suspension and Fine 6- Warnings 1- Voluntary Termination 8- Pending Investigation/Board Action 20- No Violation
42 - Incompetency	1- Revocation 9- Pending Investigation/Board Action 38- No violation
7 - Performing Unnecessary Services	2- Limited license 1- Warning 3- No violation

Clause o: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1980, 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)
5 - Practicing Dentistry without a License	1- Cease & Desist Order 1- Refund made to Complainant 2- Pending 2- No violation
1 - Gross Immorality	1- License permanently terminated as a result of disciplinary action
2 - Unsanitary Conditions	1- Warning 1- Pending
17 - Illegal Use of Auxiliaries	10- Warnings 1- Conditional License 12- Pending 4- No violations
20 - Fee Disagreements	2- Warnings 18- No violations

Clause 0: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (-) OF M.S. 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1980, 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)
4 - Charging for Services Not Rendered	1- Warning 2- Pending
1 - Indiscriminate Dispensing of Drugs	1- Warning 1- Pending
10 - Advertising and Other	2- Warning 3 - Pending 8 - No Violation 3 - Pending

Clause 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? Comparisons with past Biennial Reports?)

Non-Accredited Dental Schools

Each year the Board reviews the credentials of 75 - 150 graduates of non-accredited (foreign) dental schools. If the credentials indicate that the training is substantially equivalent to that of accredited schools, the Board will approve the credentials permitting the dentist to take the examination offered by the Commission on National Board Examinations. Upon successful completion of the National Board Examination, the dentist may apply to the University of Minnesota, School of Dentistry for an evaluation to determine whether or not he/she meets the minimum requirements of a graduate of an accredited school. If the dentist successfully completes this evaluation, he/she may then take the licensure examination offered by the Central Regional Dental Testing Services, Inc.

Continuing Dental Education

Each year, the Board reviews 300-500 programs offered for Continuing Dental Education.

A Board member serves on a national continuing education committee.

Registration Examinations

During 1980, the Board assisted the National Center for Continuing Education in the development of registration examinations for dental assistants.

Dentist & Dental Hygienist Examination

Board members serve as examiners for Central Regional Dental Testing Service (CRDTS). One member is a CRDTS officer, one is a member of the CRDTS Steering Committee, another is a member of CRDTS' Examination Construction Committee.

The Board co-sponsors, with the University of Minnesota, School of Dentistry, the examination offered by the Commission on National Board Examinations. This examination is given to students in their junior year in dental schools. Board members serve as examination administrators. A public member of the Board is also a public member of the Commission on National Board Examinations.